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ABSTRACT

A proposal to assist some Western Council on Higher Education for Nusing (WCHEN) schools in the development of programs for the inclusion of minorities was designed to impact on nursing education in the West by assisting schools of nursing faculty in the formation and expansion of programs for the recruitment and retention of ethnic students of color and to revise curricula to include diverse cultural perspectives. Forty-four schools of nursing participated in the project. Faculty development workshops with follow-up consultation formed the basis for providing information, experiences, and supportive guidance to two faculty members from each participating school. Some project results are: (1) pre-entry and post-entry programs that increase rates for retention, successful graduation, and licensure of their students; (2) curricula including basic information regarding the ethnic groups and their geographic areas; (3) increased enrollments of students and faculty from ethnic groups of color; and (4) activities that will continue in each school beyond the formal end of the project. (Author/KE)

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FACULTY DEVELOPMENT TO MEET MINORITY GROUP NEEDS: RECRUITMENT, RETENTION, AND CURRICULUM CHANGE

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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Western Interstate Commission for Higher Education
P.O. Drawer P, Boulder, Colorado 80302

WICHE

The Western Interstate Commission for Higher Education (WICHE) is a public agency through which the thirteen western states work together to:

- *Increase educational opportunities for westerners.
- *Expand the supply of specialized manpower in the West.
- *Help universities and colleges improve both their programs and their management.
- *Inform the public about the needs of higher education.

WCHEN

The Western Council on Higher Education for Nursing (WCHEN) was organized under WICHE auspices in January 1957 and serves the following functions:

- *Recommends to the Commission policies relating to education and research.
- *Provides a medium for exchange of ideas and sharing of experiences among (1) western institutions of higher education that offer nursing programs leading to associate, baccalaureate, or higher degrees, (2) their cooperating clinical agencies, and (3) certain government agencies concerned with nursing education.
- *Undertakes cooperative planning for the system of nursing education within the western region under the auspices of the Commission.
- *Identifies and provides a means for studying problems in nursing and nursing education that need cooperative study.
- *Stimulates research in nursing within colleges, universities, and health care facilities in the western region.
- *Provides information for members of nursing services and faculties in the West.
- *Encourages the increased participation of ethnic minorities and men in nursing in the West.
- *Encourages discussion with other disciplines concerned with health issues and recommends ways to facilitate optimal utilization of nurses in health care delivery.
- *Initiates action to resolve problems and move nursing forward.

Membership is open to each accredited college and university in the West that offers a program in nursing leading to the master's and higher degrees, the baccalaureate or associate degree, and to such institutions offering graduate programs in public health and in continuing education to nurses. As of October 15, 1974, there were 155 member institutions in the Council.

Each member institution is represented in WCHEN by a nurse educator from each accredited program and by a nurse representative from a clinical agency. These representatives plan their programs and activities under the coordination of five steering committees within the broad framework of the Council functions.

Faculty Development to Meet Minority Group Needs: Recruitment, Retention, and Curriculum Change 1971-1974

Final Report
Prepared by
Marie Branch

Supported by a grant from the W. K. Kellogg Foundation.

Western Interstate Commission for Higher Education
An Equal Opportunity Employer
P.O. Drawer P Boulder, Colorado 80302
July 1975

FOREWORD

Since its inception in 1957, the Western Council on Higher Education for Nursing (WCHEN) has engaged in activities in the field of nursing to advance the aims of Western Interstate Commission for Higher Education (WICHE) policies that relate to education and research in nursing. It provides a medium for the exchange of ideas and sharing of experiences by western institutions of higher education that offer programs leading to associate, baccalaureate, or higher degrees in nursing. WCHEN undertakes cooperative planning for nursing education programs in the West, identifies problems with respect to the programs that need cooperative study and action, and stimulates research in nursing in the western region.

This project, Faculty Development to Meet Minority Group Needs, was initiated by WICHE in 1971 at the request of WCHEN. It was of special interest to member schools that were seeking assistance in their efforts to recruit and rerain minority students. Faculty from four WCHEN member schools participated actively in the project. In addition, many others became involved through workshops and consultation with participating schools.

The goals of this project have been incorporated as goals for *all* WCHEN member schools. During the fall 1974 WCHEN meeting, the membership passed a resolution that identifies as high priority for all member schools the recruitment and retention of minority students and the inclusion of curricular revisions that prepare students to practice among culturally diverse groups.

This report of the Faculty Development project will be shared with schools of nursing and medicine throughout the West and in many other parts of the country.

To all those who have contributed to this project, WICHE and WCHEN are most grateful.

ROBERT H. KROEPSCH
EXECUTIVE DIRECTOR
WESTERN INTERSTATE COMMISSION
FOR HIGHER EDUCATION

JO ELEANOR ELLIOTT
DIRECTOR OF NURSING PROGRAMS

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FACULTY DEVELOPMENT TO MEET MINORITY GROUP NEEDS: RECRUITMENT, RETENTION, AND CURRICULUM CHANGE 1971-1974

This is a report of the project on Faculty Development to Meet Minority Group Needs. The project addressed the problem of the underrepresentation of American Indians, Blacks, and Chicanos in nursing education in the West through a series of workshops and consultations with faculty in collegiate nursing programs in the 13 western states. Primary emphasis was on the enrichment of nursing programs through cultural diversity.

Now as you read this please try to hear what I mean rather than just the words I say. I have never felt so "white" in my life as I've sat through this workshop. And it's been good. Though we use the same language, work as peers, etc., I now realize that I need an interpreter to understand you. I was given to understand before coming that I should be prepared to cope with three days of hostility and accusations of racism. I have not found myself in a hostile environment nor have I felt snowed under by accusations of anything. I've listened, I've heard some things I wanted to hear. I've heard some things I did not want to hear; I've listened again, I've talked, and I've begun to understand that my whole perception of minorities, of the project goals, is not similar enough to anyone else's to be very reliable. I can now understand better why some feel that we've made limited progress, if any, on our own campus. But I disagree, because even though we have some real high hurdles to get over, the vehicle for doing the job is there now and the key is in our hands. Some people are becoming aware of how to use the key to put the vehicle into motion.

Comment from a participant
Project Workshop, May 1974

INTRODUCTION

The Western Council on Higher Education for Nursing (WCHEN) brings together representatives from associate, baccalaureate, and graduate degree programs in nursing in the 13 western states (see Appendix K). In 1969 these representatives approved a proposal to assist some WCHEN schools in the development of programs for the inclusion of ethnic groups of color.* The proposal was funded by the W. K. Kellogg Foundation for 3 years plus a 3-month planning period. It was designed to impact on nursing education in the West by assisting schools of nursing faculty in the formation and expansion of programs for the recruitment and retention of ethnic students of color and to revise curricula to include diverse cultural perspectives. Forty-four schools of nursing participated in the project, of which approximately half had associate degree programs and half baccalaureate and graduate degree programs. Project goals were based on needs that had been previously identified by WCHEN schools.

PROJECT DESCRIPTION

Faculty development workshops with follow-up consultation formed the basis for providing information, experiences, and supportive guidance to two faculty members from each school of nursing participating in the project. Faculty participants were asked to mobilize their faculty, administrators, and students to plan and implement programs in the recruitment and retention of American Indian, Black, and Chicano students and for curricular revisions necessary to meet the needs of ethnic communities. Bibliographies and other resource materials were distributed to participants, along with reports of relevant activities in each school.

Recruitment

The project defined the target groups for recruitment as ethnic groups of color that are underrepresented in nursing in the 13 western states: American Indians (including Alaska Natives), Blacks, and Chicanos and other Spanish-speaking groups. Most participating schools found it necessary to initiate a variety of recruitment activities in order to attract students who were not traditionally in their applicant pool.

Retention

Prior to the beginning of the project, many of the participating schools had repeated experiences of minority student dropouts due to academic failure; others anticipated loss of recruited students. Many participating schools designed pre- and postentry programs that increased rates for retention, successful graduation, and licensure of their students. Retention activities designed for ethnic students of color have been of benefit to white students as well. Throughout the project a motto has been repeated: "What is good for the minority student is good for all students!"

Curriculo Revision

Traditionally, the curricula of most schools of nursing have not included content that prepares graduates for practice with culturally diverse groups. Project workshops, consultations with faculty, and the input from ethnic students of color enabled participating schools to enrich their curricula by revising nursing courses to include basic information regarding the ethnic groups of their geographical area.

During the three-year duration of the project, participating schools increased their enrollments of students and faculty from ethnic groups of color. More important, the groundwork was formulated for inclusion of activities that will continue in each school beyond the phasing out of the project.

The project represented a means of coordinating and expanding the activities that each participating school expressed a desire to initiate or expand. Faculty participants mobilized resources within their school of nursing, on the campus, and within the community. Their successes have depended upon the cooperation and support of administration, faculty, and students, the extent to which they were able to utilize information from workshops and consultation, and the amount of time and energy they could devote to their plan to meet project goals.

It is important to acknowledge the fact that, without devoted and hard-working faculty participants, students, committee members, consultants, and resource persons, this project could not have made the impact it achieved on nursing education in the West. Appreciation is also due to those deans and directors of the participating schools who gave visible support to faculty and students in their progress toward making ethnic inclusion a reality within their schools. Finally, Jo Eleanor Elliott, director of nursing programs at WICHE, has given valuable guidance to this project and has promoted ethnic inclusion as a reality within WCHEN.

Marie Branch, Director
Faculty Development to Meet
Minority Group Needs

*This term came into use during the last 6 months of the project. Its usage is preferred to the term "minority," which denotes "less than," or inferiority, although both terms will be found in this report.

DIMENSIONS OF THE PROJECT

GOALS

The stated goals of the project have been to provide direction to faculty for the recruitment and retention of Black, Chicano, and American Indian nursing students and to assist faculty in adjusting nursing curricula to include content that reflects the needs of ethnic minority communities. Two faculty members from each participating school had the responsibility for carrying out project goals in their school. The faculty members attended project-sponsored workshops and meetings and shared the results of the proceedings with their faculty colleagues. In spite of faculty turnover and reassignments, there was consistency in faculty participation, and most of the participating schools were represented at all project-sponsored workshops. Consultation was available to the faculty as they planned for minority student recruitment and retention and as they developed curricula changes.

Role of Project Committees

The Planning and Advisory Committees for the project (see Appendix A for list) were representative of the major ethnic groups of color in the western states. In addition, the Advisory Committee had representation from WCHEN, WICHE Commissioners, and non-nursing groups active in health care delivery.

Selection of Participating Schools

The grant proposal was designed to include 30 schools of nursing. During the 3-month planning period, members of project committees suggested a revision to include any western school that was committed to the goals of the project. A plan was devised for stretching the resources of the project in the event that more than 30 schools asked to join. Obviously, additional schools would have placed a strain on the budget for consultant services and payment of expenses for participants to attend workshops. The Planning Committee assisted in devising a means to spread the project's resources by means of cluster groups of schools and subregional workshops.

Cluster Groups of Schools

Once the participating schools were identified, cluster groups of schools were selected, primarily for the purpose of sharing consultation services among a group of faculty participants; as a result, consultation to individual schools was reserved for special problems or instances when the consultant could meet with the entire faculty group.

Workshop planning was adjusted for one of the two annual workshops held in the subregional areas in order to stretch the budget for the anticipated number of additional schools. In this way, one workshop per year was held for the total group of faculty participants. The three subregional workshops made it possible to include faculty other than project participants, students, and special resource persons who were available for follow-up consultation to participating schools.

In May 1971, invitations to join the project went out to all 132 WCHEN member schools (most of the associate, baccalaureate, and graduate degree nursing programs in the 13 western states); 56 schools responded. Some of the schools subsequently dropped out and others joined in succeeding months, so that during the last year of the project, 44 schools were active.

Criteria for Participation

Prior to the first workshop in August 1971, the deans and directors of schools responding to the invitation to join the project were asked to complete three assignments.

1. Identify two faculty members who would be able to attend project workshops and work in the school with the total faculty in the planning and implementation of the goals of this project, namely, the recruitment and retention of ethnic minority students and the devising of curricula revisions to meet the needs of the minority groups.
2. Identify existing barriers to the recruitment and retention of American Indian, Black, and Chicano students in their programs; if there were significant populations of any or all of these groups in their locale, the participants were asked to examine the reasons why these students were not applying for entrance to their nursing programs and, if attrition was a problem, they were asked to identify causal factors.
3. Write a commitment for proposed actions by which to achieve the project's goals (see Appendix D).

Commitment to Meet Project Goals

During the latter part of August in 1971, faculty participants began program planning based on the written commitment they had made during the introductory workshop. In some instances, participants asked to meet with their full faculty and administrative group during the fall of 1971 before making a formal commitment. After the first year of the project, faculty participants were asked to update their written commitment (Appendix D). The written commitments included an assessment of barriers to the inclusion of ethnic groups of color and the steps deemed necessary to overcome these barriers.

Examples of not-so-obvious barriers are facial expressions and general attitude of the first people (such as secretary or faculty member counselor) to greet prospective ethnic students of color on campus, lack of sufficient financial aid packages, unrealistic prenursing curriculum requirements, disallowance of transfer of community college credits to four-year colleges, and lack of potential for ethnic persons of color to utilize nurse assistant and vocational nurse preparation to facilitate admission to nursing programs.

Responsibilities of Faculty Participants

Faculty participants were selected by the school's dean or director. In most cases, these persons had expressed an interest in ethnic inclusion in their school's program or they were already engaged in some phase of inclusion. In a few cases, it was apparent that faculty participants were chosen for purposes of "punishment" or "reward," regardless of their experience or sensitivity in relating to ethnic students of color. All of the faculty participants had varied experiences in their role as representatives of the project on their campuses, and most were successful in carrying out the overall objectives of the project.

Faculty attending the introductory workshop included 11 Blacks, 6 Asians, 3 Filipinos, and 2 Chicanos. It was obvious that Anglo faculty would carry the responsibilities on ethnic inclusion until ethnic group faculty could be recruited to share in activities. The experiences of many of the Anglo faculty were unique. As evidenced by their personal narratives toward the end of the project, one feature was evident—that Anglo faculty expected to undergo confrontation sessions with those ethnic persons of color who were among workshop staff and faculty participants. Although workshop staff seldom identified evidence of confrontation in small group sessions, some faculty did perceive this differently. The project's Planning Committee and the project director agreed on the need for an atmosphere that was most conducive to learning during workshop sessions. Confrontation as a method of promoting change was not adopted as a procedure for project implementation. However, when it did occur, all parties were encouraged to use confrontation as a learning tool to examine ways in which each set of parties handles similar encounters with students, patients, ethnic community members, etc.

From their written and verbal statements, there is ample evidence that the project served as enrichment and learning for both Anglo and minority group participants. Unfortunately, in too many instances, the Anglo faculty were caught between rejection by their Anglo colleagues and nonacceptance on the part of the ethnic groups of color. For many this was their first experience as a "nigger," that is, as a nonentity without power or identity. This phenomenon was first discussed in workshop sessions during the summer of 1972. Although there were many exceptions, in general, the sequences of events for Anglo faculty appear to have been:

1. Pleasure over being designated as a participant in the project
2. Expectation that commitment from all faculty and dean or director would provide needed support to implement goals in the school's program
3. Growing realization that the commitment would be a personal one for faculty participants and others, rather than one that would or could be enforced at all levels in the school
4. Evidence of faculty indifference and/or undermining actions by the dean or director in their efforts to implement the project's goals
5. Search for support from ethnic persons of color on the faculty, among the students, or in other campus departments
6. Receipt of verbal and written support from ethnic groups of color without receiving the satisfactions of camaraderie. In many instances, the usual amenities expected from peer groups were lacking in depth because of genuine cultural and lifestyle differences between ethnic groups of color and Anglos
7. Feelings of isolation, abandonment, and anger. Several workshop sessions were devoted to this occurrence, but probably the most effective means of providing support for this group has been through the cluster groups of schools

CONSULTANTS

Selection

Consultants were chosen from ethnic group communities or were selected from the membership of the project's committees. In many cases, faculty participants selected their own consultants. "Importation" of consultants from other states was discouraged; rather, faculty were encouraged to use local consultants who were familiar with the ethnic communities of color and who would be accessible to the schools for consultation beyond the phasing out of the project.

Role

The role of the consultants was many-faceted. They were expected to:

1. Attend cluster group meetings and work sessions in the locale and to use cluster group sessions to evaluate school progress in meeting their stated goals
2. Use the guide developed for the consultants by the project's Planning Committee (see Appendix F)
3. Identify resources in ethnic group communities for schools and cluster groups
4. Meet with individual schools when feasible (faculty participants, dean or director, minority committee and/or total faculty) and assist them in the implementation of the project's goals
5. Meet with the project director or other local project committee members for periodic briefings
6. Review commitment and goals of each local school prior to visits to schools and cluster groups

7. Submit a written report of each visit to the schools, cluster groups, or other workshops; this was essential to the conduct of the project and provided for continuity (payment for services was made contingent upon receipt of the written reports)

DROPOUTS FROM THE PROJECT

Between April 1972 and March 1973, seven schools withdrew from the project. One other school withdrew between April 1973 and March 1974. In most instances, the letters from schools that withdrew early in the project only made official the fact that the schools were not participating in the project. In almost every case, each of these schools had been completely inactive or active only on a minimal level. In all cases, contact was maintained with the school if the faculty demonstrated any interest in receiving information or in attending subregional meetings.

Two schools withdrew from the project after at least one full year of active participation in the project. Both schools identified as the reason for their withdrawal their perception that project expectations exceeded their ability to achieve the goals of the project. It is interesting to note that faculty participants in schools that withdrew who had attended project workshops remained active within their own schools.

EVALUATION

Administration of the project was guided by the project's Planning Committee with the assistance of quarterly progress review sessions held with WICHE's director of nursing programs and with the director of the General Regional Program division of WICHE. The effectiveness of the project is not measurable in quantitative terms, although there are increased numbers of American Indian, Black, and Chicano students and minority group faculty in the participating schools. Student increases in associate degree programs totaled 28.2 percent, compared with 124.4 percent for baccalaureate degree programs.

Recognition of the range of faculty attitudes has increased, and along with it there have been some efforts to deal with faculty attitudes. Important supports have been established for ethnic groups and Anglo faculty who are active with ethnic group inclusion. It is likely the measure of success of the project is not now fully evident, however, but can better be seen in time. The question of effectiveness is reflected in excerpted comments from participants, students, and others, which can be found interspersed throughout the report of the sections on Project Impact and Continuation of Goals. The overall consensus was that the project did make a difference but there is still much left to be done. For an evaluation of programs in participating schools, see the section on Activities of Participating Schools.

Program evaluation was conducted on an ongoing basis through:

1. Yearly reports from schools, which documented the schools' specific activities and plans to achieve the goals of the project (some schools continued the frequent reports, which seemed to help them better crystallize their planning efforts)
2. Yearly evaluation sessions, which were conducted by the project director, members of the Advisory and Planning Committees, project consultants, and representatives from each cluster group of schools; the groups reviewed reports from the schools and made recommendations that were forwarded to schools for program planning during the following year
3. Consultation reports
4. Count of ethnic group students and faculty: each participating school collected statistics on ethnic groups of color among students and faculty at the beginning (1971) and at the end (1974) of the project; statistics showing the increase in the enrollment of ethnic students of color reflected the numbers of students attending classes and expected to graduate

HIGHLIGHTS

HIGHLIGHTS, 1971-1972

Planning

A 3-month planning period was used to:

1. Establish the Planning and Advisory Committees
2. Plan an introductory workshop to be held prior to the beginning of the fall 1971 school term
3. Identify resources available to the project throughout the 13 western states. As the project director was not familiar with ethnic communities in states such as Nevada, Idaho, Montana, and Wyoming, lists of ethnic resource persons were compiled by enlisting the help of members of the project's Planning and Advisory Committees, WICHE staff and ethnic studies programs in outlying areas. After the first year of operation, faculty participants added many additional names to the lists, which were distributed to participating schools for their use in identifying resource persons and consultants. The growing number of community-based ethnic groups constituted a major resource for project participants
4. Explore methods used in similar programs that might have relevancy to the goals of this project

Planning Committee. Planning Committee members were selected to represent the three major ethnic groups designated in the project design: American Indian, Black, and Chicano. The three members, all professional nurses, were selected after consultation with key individuals from each ethnic group. The committee members met on a regular basis to (1) review project goals; (2) plan appropriate implementation measures such as regional and subregional workshops for project participants, consultation to schools, and coordination with those community-based groups that aim to include ethnic groups of color in the health sciences; (3) assist the project director in an ongoing assessment of the project's effectiveness; and (4) plan alternate approaches for project implementation

Advisory Committee. This committee was selected by the Nursing Council and staff of WCHEN prior to the beginning of the project. Membership included five representatives from WCHEN schools, one WICHE Commissioner, and ethnic group representatives from the health and social services. The project director appointed three other members during the planning period

Introductory Workshop

The first project workshop was held on the San Diego State College (now University) campus August 26-28, 1971. It was attended by representatives of 56 WCHEN member schools. The group explored the factors to be considered in recruiting from the Black, Chicano, and Indian communities, and they began looking at the issues involved in ethnic inclusion. Before preparing a written commitment to the project, faculty participants made a preworkshop assessment of the major barriers to minority inclusion in their school's nursing program. Printed guidelines were distributed to participants for starting a program on their own campus, which included the formation of a minority advisory committee with representation from faculty, students, and ethnic groups of color located on campus and in the local community. (The form for such a preworkshop assessment is given in Appendix C.)

Activities in Participating Schools

During the first year, participating faculty members developed groundwork for initiating programs on their campus and tried to overcome the resistance to inclusion of minority groups that exists in many schools of nursing. In most cases, successful activities were developed, which increased in scope during the next year. Enthusiasm was high and the project staff and participants made every effort to implement project objectives in each of the participating schools.

Development of program planning on each campus was a result of the involvement of the entire faculty and administration, with consultation provided to cluster groups of schools and/or individual schools. During the first year, faculty participants sought colleague support for the schools' commitment to this project, identified campus and community resources, formed minority affairs committees, and carried out other activities more specific to recruitment of minority students. They also planned for activities relevant to retention and curricula revision and faculty awareness of ethnic community needs.

Recruitment

Recruitment was a top priority for most schools. Actions in this category included:

1. Contacts with secondary school staff, including counselors, and establishment of health career clubs in local high schools (for example, two Oregon schools established contacts with a nearby Indian reservation school)
2. Visits to local community groups to enlist aid in recruiting students

3. Use of nursing students to recruit from high schools and community centers; several schools asked registered nurses from ethnic minority groups to join recruiters and act as role models
4. Expanded use of campus programs designed to recruit ethnic students of color
5. Formation of recruitment committees and teams, which often involved participation of faculty, students, and campus and community representatives from ethnic minority groups
6. Visits to campus by interested students who toured school facilities and talked with nursing students and faculty
7. Expansion of opportunities for first-level nursing personnel (aides and vocational nurses) to enter schools of nursing
8. Inservice education meetings for faculty and students to acquaint them with local ethnic minority resource persons and to identify barriers that exist for the minority student preparing for a career in nursing
9. Coordinated efforts with other programs, aiming for increased enrollment of minority students in health careers such as the National Student Nurse program, Breakthrough to Nursing, Nursing Education Opportunities, and Project 75—a medical program national in scope

Retention

Those schools that already had a significant population of minority students focused on expanding their retention activities and other supportive services. Eventually, all participating schools focused on retention. Activities included:

1. Identification of those situations and experiences that are distinct and different for a minority student studying in a majority setting, and the planning of appropriate interventions
2. Tutorial sessions given by faculty members and/or students
3. Study labs for all students, with the objective of allowing more concentrated study for those educationally disadvantaged students who enter nursing programs
4. Expanded use of on-campus services for testing, skills work, and remedial and other supportive services
5. Pre-entry programs, designed for students who would benefit from a concentrated course of study immediately prior to the beginning of nursing courses; content included materials from first-level nursing courses, introduction to campus settings, and other activities to prepare students for success in the first school term
6. Pacing and grading systems, which allowed students to take lighter course loads and recognized influences on achievement levels caused by language differences: one school arranged for bilingual students to take exams orally, if desired (this overcomes the problem for students who must translate written material into their native language and re-translate it into English when taking exams); supportive services were urged for those students to assist them in passing state board exams after graduation

Note: Some participants have questioned the possibility of allowing the same choices in the nurse registration examination for these reasons. No action had been taken when this report went to press.

Curricula Changes

There were five general categories of activity, although changes in curricula was the area in which there was the least positive action among participating schools during the first year of the project.

1. Introduction of minority perspective into the traditional curriculum (for example, the California school that introduced discussion of cultural differences into the nursing fundamentals course; grooming techniques and emergency measures for patients with differing hair textures and skin colors were discussed for the first time. The success of this initial step led to more exploration of ways in which beginning nursing students might consider patients' cultural differences in planning for nursing care.)
2. Expansion of clinical facilities for student experience to include clinics, agencies, and groups that are located in or serve ethnic minority communities
3. Establishment of new courses that reflect the ethnic minority perspective; this activity is still in the discussion and planning stage
4. Faculty development of cultural awareness programs for their peers and students; it was obvious to some faculty members that they would be spending a disproportionate amount of time in counteracting the resistance of their faculty (or even dean or director) to inclusion of ethnic perspectives into the curriculum
5. Cultural awareness resource centers: many faculty borrowed techniques and ideas from the introductory workshop for their inservice classroom sessions such as the Ghetto Game, bibliographical materials, and reprints of pertinent articles; their collection of materials led to the development of library resources, which were firsts in many of the participating schools

HIGHLIGHTS, 1972-1973

With a total of 45 schools active in the project, implementation of the goals proceeded at varying rates of intensity, depending on the pace which faculty participants were able to establish in the first year of activities.

Recruitment of Students

Of the 45 schools, 29 had an active minority student recruitment effort, 1 had a limited effort, and 4 did not recruit ethnic students of color because their regular admissions flow was quite representative of the local ethnic groups. The remaining 11 schools had recruitment plans under way or they were still assessing minority student barriers and faculty attitudes prior to committing themselves to a more active recruitment program.

During the first year, nine schools hired a minority student counselor/coordinator to facilitate their recruitment activities. Coordination with high school counselors and college pre-entry programs was increased. This effort was usually instituted by the minority student recruiter/counselor or faculty member functioning part-time in this capacity.

Recruitment of Faculty and Staff

There was an increased awareness of the need to actively recruit ethnic groups of color for faculty and staff positions in schools of nursing. Participating schools combined their efforts with campus Affirmative Action efforts. This search for faculty represents a continuing need that will be achieved only through diligent effort, as the pool of ethnic nurses of color prepared beyond the baccalaureate level is so limited.

Retention

Pre-entry and follow-up retention programs were developed by seven participating schools. In addition, 25 schools had retention programs for nursing students (including coordination with campus skills specialists and education services). The Department of Nursing at Seattle Central Community College exemplifies the success possible for educationally disadvantaged students who are placed in a "success-oriented" program staffed by dedicated faculty. (For a more detailed description of the program, see the paper by Thelma Peques in this report.) The program admits only those students who do not qualify for any other nursing program in the city. Several students are dropouts from one or two other schools of nursing in Seattle. Instruction is individualized and faculty frequently shift their teaching approaches when indicated. There are few dropouts from the program. Students are self-paced throughout the program. Their first group of students passed all sections of the state board examination with scores of 420 to 720. Throughout the project, several attempts were made to share this particular approach with other interested schools.

Curricula Revision

Since the beginning of the project, 22 participating schools instituted curricula revision activities to reflect an ethnic minority perspective. In 1973, an additional 15 schools were planning to review texts for minority input and to plan integrated course materials and special courses.

Other Activities

Minority Affairs Committees. Of the 18 committees functioning within participating schools in 1972, 14 of them had been established by faculty participants since the beginning of this project. Planning was under way in additional schools for minority affairs committees to be functional by fall of 1973. (See the section on Project Impact.)

Faculty Development Sessions. Participants continued faculty development programs to overcome resistance to the recruitment, to retain ethnic students of color, and to prepare faculty for curricula content changes.

Cluster Group Meetings. Faculty participants met together under the cluster concept in geographical areas. These meetings assisted the participants in identifying mutual concerns. In some instances, they also aided participants in making cooperative plans for activities such as local workshops, coordinated recruitment efforts, and exchange of newly developed curricula enrichment materials.

Cluster Group Work Sessions

Each cluster group of participating schools planned at least one work session between January and May 1973. The Colorado cluster group held three work sessions in that period of time. (See Appendix H and section on Project Impact.)

Faculty Search

A minority faculty search stimulated by this project was conducted with all WCHEN schools. Under the guidance of the WICHE director of nursing programs, questionnaires were mailed to all minority graduate nursing students in WCHEN schools in order to facilitate placement of ethnic groups of color in faculty positions open in the fall of 1973.

HIGHLIGHTS, 1973-1974

There was expansion and continuation of programs to recruit and retain ethnic group students in individual schools of nursing through the following means:

1. Consultation to individual schools and cluster groups of schools
2. Cluster group meetings and work sessions
3. Distribution of information regarding possible resource people, new programs, and sources of funding for students and projects
4. Analysis and dissemination of information regarding overall project strengths, weaknesses, gaps, and accomplishments. A project review session was held in August 1974, and the resultant assessments were sent to faculty participants and nursing deans and directors
5. Assistance to faculty participants in planning and implementing faculty development sessions in their own schools

The project's impact on participating schools was evaluated through:

1. A review session held August 12-14, in Santa Barbara, California. Members of the project Advisory and Planning Committees, consultants, clus-

ter chairpersons, and some faculty participants joined in an evaluation of the project's effectiveness and to recommend activities for each school to incorporate in project planning for the 1973-1974 school year

2. A questionnaire designed to elicit statistical data and narrative information about project impact on participating schools
3. The collection of narratives and letters from faculty participants, deans and directors, students, and others on the extent of the impact that the project has had on their school of nursing and campus

A wrap-up workshop was held May 15-17, 1974, during which the impact of the project was discussed. In attendance were faculty participants, student representatives, project committee members, students, recruiter/counselors, and resource persons from ethnic nurse organizations and other groups working for ethnic inclusion in health.

A support group was formed at the workshop. Its primary objective was to find a way to continue pursuit of the goals of the project after phasing out of funding. This group met in July 1974 to devise such strategies. (See the section on Continuation of Goals.)

PROJECT IMPACT: AN OVERVIEW AND SUMMARY

During the past three years, the most significant impact of this project has been felt by participating faculty, students, and administrators of schools of nursing in the West. They communicated their increased awareness of the need for more American Indian, Black, and Chicano nurses; they documented their schools' increases in ethnic students and faculty; and they described the ways in which their curricula have been changed to include sections on cultural diversity, thereby enabling all students to be better prepared as nurses who, no doubt, will practice in multicultural settings.

The project's impact has been felt in other ways throughout the West. Cluster groups and a new group called the Western Regional Consortium to Meet Minority Group Needs in Nursing will serve to continue activities for inclusion on a community-wide basis. (See the section on Continuation of Goals.) In addition, the project has promoted the cause for inclusion of ethnic minorities within WICHE and has served as a resource for information regarding ethnic inclusion in nursing throughout the West and in other parts of the country.

Discussion on the project's impact will center on five critical areas:

1. Specific activities in participating schools (see Excerpts section)
2. Campus departments and agencies cooperating with participating schools
3. Cluster groups of schools
4. Nonparticipating schools and agencies
5. WICHE-wide programming

SPECIFIC ACTIVITIES IN PARTICIPATING SCHOOLS

Formation of Minority Affairs Committees

This is my third year as a member of the Minority Affairs Committee. Being a member of this committee is very important to me because I sincerely believe in the necessity of recruitment and retention of minority students into nursing. I believe that through this committee we have at least a start in this direction which is of satisfaction to me.

Faculty participant
Sacramento City College
Sacramento, California

Thirty-one participating schools formed a school committee that (1) coordinates the recruitment, retention, and curricula change activities for schools of nursing; (2) ensures ethnic group input into committees of other schools of nursing; and (3) provides a channel for expansion of the concerns of ethnic group students. The committee role was seen as having several important tasks:

1. To assess and reassess barriers to ethnic student recruitment and retention
2. To design a program for recruitment and retention of ethnic students and curricula revision to meet ethnic committee needs
3. To recommend activities for each faculty committee in order to carry out the newly designed program
4. To advise and give support to the minority student counselor/coordinator
5. To plan and conduct cultural awareness sessions for faculty

Specific examples of these tasks translated into programs include:

The University of California, Los Angeles, faculty, through its Minority Affairs Committee, formed The Nursing Fund, Inc., to provide small amounts of financial assistance to minority students taking their prenursing courses on another campus. The UCLA nursing alumni have played a significant role in establishing and maintaining the fund. At this time the fund is supported by UCLA and other baccalaureate nursing programs and by other groups throughout the Los Angeles area; currently, it supports approximately 200 prenursing and nursing students annually.

The Minority Affairs Committee at the University of Washington in Seattle has been conducting a series of seminars for the School of Nursing faculty on the needs of minority patients and students. Committee members report that the sessions are successful and well attended. They expect to incorporate content from the sessions into classroom instruction.

The Minority Affairs Committee at the University of Colorado School of Nursing planned a similar series of awareness sessions for faculty on a monthly basis during the 1973-1974 school year. During the three years of participation in this project, University of Colorado participants expanded their committee concerns to include retention of minority students, faculty development, and curricula change from its previous goal of recruitment of minority students into the School of Nursing.

The composition of minority affairs committees is most effective when it reflects the viewpoints of (1) facul-

ty (minority and nonminority); (2) students (minority and nonminority); (3) representatives from campus departments that are vital to the success of ethnic programs such as admissions, financial aid, skills, and ethnic studies; and (4) representatives from ethnic community groups.

The names of committees vary from "Minority Affairs Committee" to the "People to People Committee," the latter a part of Chemeketa Community College in Salem, Oregon. Although usually advisory in nature, some committees have decision-making capabilities such as the selection of student applicants from ethnic groups of color.

Minority affairs committees have involved campus faculty other than the two selected participants who attended the project's workshops. The committee is viewed as an excellent means of gaining input from ethnic groups of color when such groups are not represented or are underrepresented on the faculty of schools of nursing or in student groups.

There has been no agreement about the preferred status of these committees as standing or special committees. Some schools decided to disband the committees at the termination of the project. Others have integrated the committees' functions into the traditional committees, and some of the schools will retain the minority affairs committees as separate units.

Minority Student Counselor/Coordinator

I have found a great deal of moral support and concern on the part of [the minority student counselor] who has been of invaluable assistance to me personally.

Student
Department of Nursing
Portland Community College
Portland, Oregon

Throughout the project, this position has been promoted among participating schools because of the need to centralize ethnic student activities and because of the successful experience at the University of California, San Francisco, which has been used as a model for other schools.

At the beginning of the project, UCSF was the only participating school with a staff person in this capacity. By the conclusion of the project, 12 participating schools had a minority student counselor/coordinator on their staff, and additional schools planned to fill similar positions by fall of 1974. The role of the coordinator has varied according to the requirements of faculty and students, the amount of faculty time designated for the job, and the working style of the person assuming the position.

Soon after the project began, a faculty member was placed in the coordinator position at the Spokane Inter-Collegiate Nursing Center. She was relieved of half of her teaching responsibilities in order to initiate the recruitment of ethnic group students, to coordinate the counseling of prenursing students attending the four feeder college centers, and to conduct awareness sessions for faculty at the nursing center. Other schools have followed this action by using capitation funds to support the position. Few schools have incorporated the position into their nursing school budgets; consequently, the positions are few and in constant jeopardy.

A meeting of counselor/coordinators of schools of nursing was held in Denver in April 1974. Coordinators attending from participating and nonparticipating schools were joined by medical center coordinators and others with responsibilities for recruiting ethnic students of color into the health professions. The group explored the roles that each has developed in this "new" position and documented the common problems and alternate sources for solution. The "senior" coordinator, Diane Adams, from UCSF, assisted in the planning of the meeting and shared her experiences. There was unanimous consent that regular meetings of these groups would be of great value in the future.

Faculty Development

I am the product of a very middle class, white, Protestant family and community. Although I felt that I had overcome this background over the years, it was really in these past three years that I realized I had much to learn about people belonging to minority groups regarding my own beliefs and actions. Now, I believe I am able to look at myself honestly. I pretty well know when I am acting on prejudice so that I can do something constructive about it. I believe I can also say that I accept individuals as individuals and not in a stereotyped fashion. This has come about because I now accept the fact that all people do have differences. These differences are honest and are a result of cultural and traditional teachings, beliefs, and practices.

Faculty participant
Sacramento City College
Sacramento, California

I've learned much about myself and other persons who call themselves faculty. I've met minority faculty whose "smarts," warmth, and maturity helped me broaden my horizons and gave me strength to persevere.

Faculty participant
University of California, San Francisco
San Francisco, California

In the beginning you could hear a pin drop when you mentioned minority affairs; now there is a free wheeling give and take.

Faculty participant
Weber State College
Ogden, Utah

It makes me feel good. Some faculty members are actually concerned about the students—especially the underserved ones.

A student

Faculty development has been cited as a key part of the preparations for inclusion of ethnic awareness in their programs. All participating schools have experienced some development on the part of the faculty. Some ses-

sions were "one-shot" programs interspersed between other meetings during the year, but several were planned on a regular basis. Pertinent topics centered around the history, culture, and belief systems of American Indians, Blacks, Chicanos and other ethnic groups in the locale. One faculty member of the School of Nursing of the University of Colorado videotaped a session with students for eventual playback to the entire faculty. The tape was a lecture with critique from students. It included content from actual segments of nursing lectures that ethnic students had found objectionable at one time or another; it was used as a learning tool for the faculty.

None of the participating schools made cultural awareness mandatory. In schools where the sessions were "highly recommended" by the dean or director or were part of regularly scheduled faculty meetings, attendance was near 100 percent. Needless to say, in some schools, faculty consciousness raising should be given the highest priority.

Recruitment

The enrollment of the educationally/economically disadvantaged and minority students increased 100 percent since the inception of the WCHEN project. Information concerning the project has reached the minority community through personal contacts with minority groups and clubs, colleges, high school and junior high schools and other social service agencies serving the minority community. This would not have been accomplished if the project was not in existence.

Faculty participant
El Paso Community College
Colorado Springs, Colorado

We are finding that as our minority enrollment increases the word is getting out that we are interested in increasing our enrollment.

Minority counselor, School of Nursing
University of New Mexico
Albuquerque, New Mexico

Recruitment activities in participating schools included (1) contacts with students, teachers, and counselors in secondary schools where Black, Chicano, and Indian students are located; (2) coordination of recruitment efforts with already established groups for ethnic inclusion; and (3) identification of ethnic prenursing students already enrolled on the college campus but not known to the faculty of the school of nursing.

Ventura College, located in the midst of a Chicano migrant area on the California coast, used project funds to make a Spanish language recruitment tape for use on a local cable television station. In San Jose, California, San Jose City College redesigned its School of Nursing brochures to include pictures of nursing students of ethnic groups of color.

Retention

Usually, ethnic group students with educationally disadvantaged academic backgrounds are products of inferior school systems in ghettos, barrios, and reservations. Often they must struggle in postsecondary academic competition, and usually there is not the opportunity to remedy their lacks in basic educational skills such as mathematics, reading comprehension, spelling, and writing.

Faculty participants used three major means of identifying and working with students with learning difficulties: pre-entry programs for catching up on basic skills and for a head start on nursing courses, tutoring programs for students pre- and postentry, and identification of individual styles in order to adjust tutoring and teaching methods.

The prevailing view among participating schools is that retention should begin before the students enter nursing courses and should continue until the students have successfully passed state board licensing examinations.

The following are key factors for successful retention of students of any color, but which have proved more critical for ethnic minority students:

1. A centralized location for students and faculty to seek assistance (office of counselor/coordinator for minority students or other)
2. Curriculum and teaching adjustments that assist in identifying students' learning problems before academic failure occurs
3. Pre-entry coordination with a basic skills center on campus to identify learning problems and rectify them with use of nursing texts in order to assure later transition to the requirements of the nursing courses
4. Courses on study skills and similar remedial subjects; if such courses are not available on the campus, someone should be hired to teach them in the nursing schools
5. Short-term courses to cover basics, for example, the mini-math course offered in the nursing curriculum at Denver Community College
6. Frequent examinations in nursing courses to identify persistent learning problems and to give students opportunity to catch up if necessary
7. Open communication regarding attitudes of faculty about students which contribute to academic failure
8. Elimination of the "deficiency" concept for ethnic students of color; too often, these are the students who are victims of a school of nursing "tracking system"
9. Relevant curriculum—minority group students do not learn easily when the entire curriculum is oriented for white middle-class students.
10. Support systems that are visible, available, and effective—such as financial aid, emergency loans, counseling (including "rap" sessions), child care, and the like
11. Attitudes of genuine concern on the part of the faculty, administrators, staff, and other students—a sincere racist is much easier to cope with than a phony friend; nothing can turn off a student more than patronizing affection

Who's failing—the students or the faculty?

Project participant

The pre-entry sessions have been very helpful to those of us who have attended them. They helped by giving us a head start, allowing us to rid ourselves of our fears. Most of us had some weak spots that needed working on. Now that we are in the nursing program it is reassuring to know that [the student coordinator] is available to help us when we need her, which is pretty often.

Student
Solano Community College
Suisun City, California

. . . the health related staff spend many hours assisting minority students in academic areas to bring their achievement up to that of the other students. If possible, older minority students are asked to assist the others in order to promote the confidence necessary for academic success.

Dean of Students
Northern Montana College
Havre, Montana

I found out that the small minority group that met weekly with [the coordinator] gave me the opportunity to speak up. It helped me a lot to get to know other students' ideas and to be able to share my ideas with them. . . .

Student
Solano Community College
Suisun City, California

As a result of the project, the concept of recycling students came into being, a project coordinator was hired to counsel students, and weekly assessment and evaluations were done with students in order to spot their difficulties before it became too late to salvage them. Special sessions were held on reading, test taking, and study habits; individual tutoring was instituted and workshops held to review materials covered by special studies. A pre-nursing orientation course was instituted to orient students to the systems approach, terminology, and other aspects of nursing.

Faculty participant
El Paso Community College
Colorado Springs, Colorado

The provision of adequate tutoring for Special Needs students has been one of my prime concerns. . . . It has been my experience that a minority student having academic difficulty will learn and profit more when the tutoring is provided by a minority student. . . . Therefore, I have arranged on an informal basis for some of the academically outstanding nursing students to provide tutoring . . . for Special Needs students.

Dean, School of Nursing
University of Northern Colorado
Greeley, Colorado

Curricula Revision

Since the project began there has been a greater awareness on the part of faculty in curriculum development and of special needs of minority students and minority clients. The special needs recognized have been in the areas of nutrition, personal care (i.e., hair care), cultural differences, and communication barriers.

Faculty participant
Pacific Lutheran University
Tacoma, Washington

I have seen innovations in the curriculum accompanied by the inclusion of specific ethnic minority differences in clinical experiences.

Coordinator of Minority Students
in the Medical Center
University of Oregon
Portland, Oregon

The curriculum was changed so that each course added materials to include minority culture and ways to relate to and care for minority patients. Also, separate courses were offered on minorities and health services.

Faculty participant
El Paso Community College
Colorado Springs, Colorado

For the duration of the project, revisions in the curricula of participating schools proceeded on two levels: (1) revisions that meet the needs of ethnic students by individualizing learning, and (2) revisions that incorporate new teaching material into the curricula so that all students are better prepared to work with diverse cultural groups. The project assisted these multicultural curricula changes through workshops, cluster meetings, and written materials and bibliographies that were given to faculty participants for eventual distribution throughout the schools of nursing.

Meeting the Needs of Students. Participating schools with self-pacing, individualized learning curricula have provided the most successful experiences for ethnic students of color who have academic and learning skills problems.

Cultural Diversity in the Curricula. Faculty participants introduced the concept of cultural diversity into classrooms of schools of nursing. This is cultural content or classroom material that reflects the perspective of ethnic groups of color. During workshops, cluster group sessions, and faculty development sessions, emphasis was placed on ways in which the cultural styles and health needs of ethnic communities can be interwoven into the curricula. Most participating schools indicated that they need more time to incorporate this concept into the curricula, and a proposal has been developed for this purpose.

Many participating schools have held inservice meetings to prepare faculty for the use of materials on cultural diversity. Many have sought out experts from the campus and community to assist in the development of teaching

materials to supplement the curricula oriented largely for the white middle class student, traditional in nursing.

Ten participating programs now have separate courses on cultural differences, and 15 schools have chosen to integrate content into existing courses. Sacramento City College has modules on "Cultural Distinctiveness with Implications for Nursing," with emphasis on Black and American Indian communities. SCC and other schools have instituted courses in Spanish for health workers. Solano Community College, in northern California, has a module on Filipino needs and those of different ethnic groups so that teaching materials can reflect the populations in the vicinity. UCSF has hired two part-time faculty to develop a module on "Communicating with the Black Patient." They also have held student seminars on cultural diversity that covered a wide range of ethnic groups. The Community College of Denver has developed a videotape on hair care for the Black patient, and the University of Washington has written a grant proposal for university funding allocated for innovative teaching. If funded, the plan is to incorporate cultural content into the first-year curriculum. Heretofore, neither time nor funding has been available to allow proper attention to this goal. Although validation of teaching materials is important, it has been almost totally lacking in this project.

PROJECT IMPACT ON CAMPUS DEPARTMENTS AND AGENCIES COOPERATING WITH NURSING PROGRAMS

The project has helped to promote more effective school of nursing/community liaison. We brought a Black faculty member on campus and we have an increase in minority students. They go into a community that has had very little contact with minorities on a peer level and this has been a potent enabler for the program. The hospital staff are able to see the abilities of the students. The head of one department who is an "older nurse" had never worked with a Black person—she became a strong, positive enabler.

Faculty participant
Palomar College
San Marcos, California

Certainly, this project has brought members of the Department of Nursing and the Institute of Ethnic Studies into closer relationship than would have been the case otherwise. Hopefully, this project will continue into the future.

Coordinator
Institute of Ethnic Studies
Weber State College
Ogden, Utah

Early in the operation of the project, faculty participants began engaging other campus departments, key administrators, and community groups in their plans for ethnic program inclusion. Interdepartmental and community cooperation has been evident to some degree on the campus of every participating school. Twenty-eight schools have reported particularly successful interdepartmental planning that has benefited newly recruited ethnic group students. Most participating schools gained active cooperation from admissions and financial aid officers, non-nursing science departments, medical center recruiter/counselors, ethnic studies and other special program personnel, the staff of skills and special learning programs, ethnic student organizations, and community-based ethnic groups. (See Appendix L.)

In many instances, the non-nursing staff have become a part of minority affairs committees and have participated in work sessions given by cluster groups or have been a part of other workshops in which inclusion of ethnic issues has been explored. This has resulted in improved coordination between prenursing and nursing courses. It encourages already overworked nursing faculty who see responsibilities shared for making programs of ethnic inclusion work. It must be emphasized that once better communication is established among campus departments, *all* students benefit.

CLUSTER GROUPS OF SCHOOLS

As a member of the Oregon Cluster Group, the most meaningful experience has been the association with other members of the cluster. We have grown to know and trust each other. There is an openness in sharing the responses to our own successful workshop. Can you believe that the University of Oregon and two community colleges have been able to meet on common ground, join forces, and produce a successful product? This is a historic first!

Faculty participant
Chemeketa Community College
Salem, Oregon

. . . [the project] has provided an opportunity for me to consult with others with similar goals and get "ideas" and approaches to areas of concern. This has meant a continuing source of stimulation and motivation.

Faculty participant
San Jose City College
San Jose, California

Faculty participants have been meeting together on a regular basis under a cluster formation. There are eight cluster groups of schools functioning as separate units. They identify mutual concerns, share progress and new ideas, and plan for mutually advantageous public programs. (See list of cluster group work sessions—Appendix H.)

Cluster groups were formed in the distinct geographical areas of Arizona, southern California (includes Los Angeles, San Diego, and Las Vegas, Nevada), northern California (includes peninsula, Bay Area, and north), Colorado, Montana, Oregon, Utah, and Washington. The cluster groups included a total of 41 participating schools and their activities varied from giving workshops to providing input for new project proposal planning to swapping information on resources in the area. All groups have plans to actively continue programs past the phasing out of the project.

These groups have served many purposes beyond the original intent of providing a basis for the sharing of consultation resources with more schools than were budgeted. For example,

1. The cluster groups have served as nucleus groups that give faculty participants moral support and encouragement.
2. The groups have accomplished work that individual faculty members could not undertake because of time and energy constraints.
3. Cluster group work sessions (workshops) were conducted by each group at various times during the last two years of the project. (See Appendix H for a list of the work session programs.)

The cluster arrangement made possible interim workshops that would not have been otherwise feasible. The one- and two-day work sessions planned and conducted by cluster groups gave the participants experience in workshop management and allowed for examination of relevant local issues, whereas project workshops on subregional levels were devoted to more general topics that would apply to a larger group of persons. As early as January 1972, faculty participants at San Jose City College and the College of San Mateo planned a joint workshop with a follow-up session in March 1973.

Work session planning was carried out by committees formed within each cluster group representing all participating schools in a given geographical area. Project workshop funds were allocated to meet a portion of costs. The cluster groups used innovative approaches to funding —for example, donations from schools and admission fees. Work session objectives included the following:

1. To provide opportunity for full faculty contingencies from participating schools to attend sessions devoted to issues related to recruitment, retention, and curricula change
2. To promote mutual planning for activities pertinent to project goals, which have the potential for continuing after the phasing out of this project
3. To allow more students and other campus and community persons to become involved in an individual school's efforts
4. To encourage participation by local nonparticipating schools of nursing, health agencies, school counselors, and representatives from ethnic nurse groups and other organizations promoting minority inclusion in health careers
5. To encourage development sessions for faculty of schools of nursing, students, and campus and community representatives in those schools that are not located near another participating school (for example, the University of New Mexico, Idaho State University, University of Nevada, Las Vegas, and the Inter-Collegiate Center for Nursing Education in Spokane)

Many groups designed attractive work session brochures. Summaries of the sessions were submitted to all those in attendance. Groups used audio- and videotapes to document concerns, problems, and solutions for other faculty, to provide orientation for new faculty and student counseling, and to share information with other participating schools.

THE PROJECT'S IMPACT ON NONPARTICIPATING SCHOOLS AND AGENCIES

Consultation and resource materials have been provided to the nursing program of Navajo Community College, in Tsaile, Arizona; the associate degree nursing program serving the Pine Ridge and Rosebud Indian Reservations in South Dakota; the Wyoming statewide task force planning a feasibility study proposal for special programming to prepare greater numbers of American Indian nurses.

An estimated 30 schools of nursing not officially participating in this project have received project materials and sent representatives to project workshops, cluster meetings, and work sessions. Nonparticipating schools have been representative of diploma, associate degree, and baccalaureate degree nursing programs.

The dean of the School of Nursing at the University of California, Los Angeles, submitted an ethnic inclusion resolution to the Council of Baccalaureate and Higher Degree Programs of the National League for Nursing at its March 1974 meeting. The resolution requested action to include criteria in the league's accreditation standards that would require schools seeking accreditation to (1) provide ethnic balance in the student body faculty and administration, and (2) include multicultural content in the curriculum in order to prepare their students for nursing care with *all* people. As no action on the resolution has as yet been taken by the NLN council, the resolution is being submitted to the membership of WCHEN at its October 1974 meeting for approval and action.

THE PROJECT'S IMPACT ON PROGRAMMING IN THE WICHE AREA

The resources and knowledge gained in this project have been made available to other WICHE committees and program directors. Special mention should be made of an active, ongoing exchange of information and ideas between this project and two WICHE programs: "Faculty Development–Minority Content in Mental Health" and "Minority Recruitment and Input into Social Work Education."

Participants in the project promoted the first steps toward inclusion of graduate nursing education programs in the WICHE Student Exchange Programs (SEP). Planned in collaboration with Jo Eleanor Elliott, WICHE director of nursing programs, and Virginia Patterson, director of SEP, this opportunity should become a reality in the near future. The School of Nursing at the University of New Mexico has led the way by formally initiating a request to include nursing in the exchange program. When details are completed, students in states without graduate nurse education programs will be able to attend graduate nursing programs in other states at in-state tuition fee rates. Although this opportunity will not be limited to ethnic students of color, it will further encourage the development of minority talent on the graduate level within the four WICHE states that do not have programs in graduate nurse education.

CONTINUATION OF GOALS

I must say that I am somewhat bothered by the fact that this is the last year of this program. I have doubt about the continued success of this particular program at the local level if regional pressure and support is removed. The effects of recruitment, retention, and curriculum change cannot be fully understood in the short span of your current program. I would hate to see so much time, energy, and money wasted because of an inadequate time span.

A dean of admissions

I am not identified with a school of nursing. However, as a member of a professional organization I plan to: (a) report to that organization and urge them to contact schools of nursing in our area to continue to provide for the goals of the WICHE project and place a permanent commitment in the form of institutionalizing the goals and funds for attainment; and (b) relate these project goals to other professional organizations that can influence either schools of nursing, boards of education, and/or the state legislature. I recommend that we as the first and only group of people—who are attempting to reach the goals of this project—stay banded together and as a unit demand that nursing schools provide some funds.

Participant
Project Support Group Meeting, July 1974

Two meetings were devoted to the question of continuation of goals beyond phasing out of the project. Strategies were matched with expectations. It is expected that schools that participated in the project will continue recruiting and retaining ethnic students of color and will expand curricula revisions to include multicultural content. In addition, it is expected that all WCHEN schools will adopt recruitment, retention, and curricula changes as top priorities. (See Appendix J for Memo to WCHEN Minority Steering Committee.)

Specific Strategies for Continuation of Project Goals

A continuation proposal has been submitted to the W. K. Kellogg Foundation for more intensive development of multicultural content for nursing curricula. If funded, the three-year project would begin sometime during the 1974-1975 school year.

For specific actions in implementing recruitment, retention, and curricula revision activities, see the paper by Harland Randolph from the May 1974 workshop. During that workshop and a subsequent meeting in July, specific strategies were suggested for transferring inclusion of ethnic programs in participating schools from volunteer soft money–supported activities to permanent hard money–supported programs.

Prior to the beginning of the 1974 fall term, participating schools received the following list of strategies for putting into practice inclusion of ethnic activities. The items were developed by faculty participants and others attending the July support group meeting.

Goal

Obtain the approach and actions needed to effect the minority programs in colleges and universities participating in the project Faculty Development to Meet Minority Group Needs

Major Steps for Action

1. Identify the goals, philosophy, and structure of the institution
2. Identify the decision-making process within the institution
3. Designate a committee or a person assigned responsibility for the program
4. Become a formal part of the organizational structure by becoming a standing committee or by becoming involved in key committees
5. Develop an open communication channel to people in decision-making positions
6. Identify allies of the program; form a coalition with other health or related groups with similar goals
7. Work with the institution's curriculum committee (in the school of nursing or the university) to establish a philosophy to promote quality health care for all people; and include ethnic minority content as an integral responsibility of the committee through retrieval systems, influencing textbooks, and cross listings
8. Obtain hard money for programs; make programs a budget line item
9. Involve people in the minority programs in the reward system such as tenure

Formation of the Western Regional Consortium to Meet Minority Group Needs in Nursing

Established at the July 1974 meeting of the Project Support Group, the consortium is coordinated by Gladys Jacques, a member of the graduate faculty in the School

of Nursing, at the University of California, Los Angeles. Faculty participants have been identified as regional coordinators. The consortium will function to carry out activities necessary for the continuation of recruitment, retention, and curricula changes throughout the region. (See Appendix M.)

During the summer of 1974, the consortium mobilized cluster groups and other interested individuals for support of the continuation proposal. Letters went to WICHE and the W. K. Kellogg Foundation, indicating widespread interest in the newly developed proposal. In addition, consortium members communicated with the administrative staff at WICHE to request a commitment for continuation of consultation resources to participating schools whether or not the new proposal is funded. Members of the consortium will coordinate their plans with those of the Minority Affairs Steering Commitee of WCHEN.

LIST OF NEEDS STILL TO BE MET

The following needs were developed by participants at the Project Support Group Meeting in July 1974.

We have just barely scratched the surface.

Like everyone else, we need time and money.

We need clout!

Faculty participants

Faculty Recruitment

There is difficulty in hiring minority faculty or getting recruitment going, even though the need is acknowledged. School administrations are not willing to give incentives for ethnic group faculty. Hard money is needed for recruited ethnic groups of color. Almost all the minority counselors are supported by soft money.

Faculty Attitudes

Some faculty still present the greatest barrier to effect ethnic inclusion in nursing programs. Some participants are being told to "cool it" when they discuss minority concerns, and some faculty are saying "let others do it."

Institutionalization

Few ethnic groups of color are in administrative positions. Subtle strategies are needed for affirmative action, as "quotas" are against the law. A grievance procedure is needed for students or they can be undermined individually. Written commitments are needed from administrators. Accountability is continually needed to some individual or organization that is above interschool competition (WICHE has served this purpose). And finally, a search is needed for capitation funds designated for minority student counselors, but which were never used for the purpose.

Curricula Content

More cultural content and resources are needed. The "myth" of total patient care is false and dangerous; total patient care cannot be taught until accurate cultural content is included. There is a need to acknowledge folk medicine and integrate it into the curriculum; otherwise, nurses cannot reach people. If one person is alienated, the whole family's attitude toward health care is likely to be influenced.

There must be fewer unrealistic and untrue portrayals of Blacks, Indians, and Chicanos. Some of the current teaching will not hold up in the real world. There also must be less dependency on one minority faculty member to supply all the ethnic input.

Retention

There are many needs that must be recognized and met. There is the need to diagnose learning needs and styles, the need to specify that some "innovative" teaching approaches will not work with many ethnic students of color on an individualized basis. Additionally, there is the need for money to maintain students in school, i.e., transportation; the need for money to hire a learning specialist, and there is the need to lessen the dropout rate of ethnic students of color because of grade-point averages, money, and family hassles and pressures.

I will continue to work towards my own learning; I will continue to work towards the recruitment and retention of minority students into nursing.

Faculty participant
Sacramento City College
Sacramento, California

. . . I would like to say that I do feel the project had an important impact upon Mount St. Mary's College, in spite of the fact our statistics may not reflect the gains we had hoped for. . . . We hope that we will be able to continue to develop our program so that it truly meets the needs in nursing outlined by [the] project.

Dean, School of Nursing
Mount St. Mary's College
Los Angeles, California

We realize that the job is far from finished, but I believe it has truly begun to change. We have substantially increased the number of minority students in our nursing programs during the past few years.

Dean, School of Nursing
University of California, Los Angeles
Los Angeles, California

We'll continue to work toward the day when minorities are truly included in nursing.

Faculty participant
Everett Community College
Everett, Washington

MODEL OF A SUCCESSFUL PROGRAM

This report has provided some information about the ways in which faculty participants achieved recruitment and retention of ethnic students of color and began curricula revisions to meet needs of the ethnic communities. Readers can incorporate ideas from the reports on each school into a "successful approach" for their own programs. A first suggestion to schools beginning their own programs of ethnic inclusion is to review all the material in this report for relevancy to the program being developed at their school, particularly the section on impact and components (see Appendix I). A brief summary of suggested steps for action is as follows:

PROGRAM MODEL

Basic Essentials

1. Get visible support from the dean or director of the nursing program
2. Have administrative backing in the form of release time for faculty to accomplish daily planning and implementation
3. Get funds—a line item in the budget for minority inclusion activities for ethnic groups of color that are underrepresented in the program
4. Devote the necessary time for development meetings with faculty and students to increase their awareness of the concepts of cultural diversity and the need to institute changes that promote successful inclusion measures
5. Receive assurance from the dean or director of the nursing program and from other administrators that inclusion activities will be incorporated into ongoing committees and generally put into effect as soon as possible

Recommended Priority Actions

1. Form a minority affairs committee in the school of nursing to centralize assessment, planning, and evaluation efforts for minority inclusion (ideal composition: faculty and students—minority and nonminority, and representation from campus and community)
2. Appoint a coordinator for minority affairs (not necessarily the chairperson of the minority affairs committee; the primary functions of this office should be to execute activities for retention of students and work with faculty and students in recruitment and curricula change—see the narrative on the Minority Affairs Coordinator in the section on Project Impact
3. Plan regular, ongoing faculty development sessions that include responsible persons from key departments on campus (i.e., financial aid, skills services, admissions and the like); these sessions should be mandatory to avoid serious subversion activities against the minority inclusion programs, as faculty attitudes are a key to the success of ethnic inclusion
4. Plan and implement a program for inclusion of ethnic groups of color in the school of nursing; use the component chart for planning—it covers the spectrum of necessary responsibilities and components (see Appendix I)

In addition, it is also important to:

Determine which ethnic groups are to be targets for recruitment (specify whether or not grass-roots persons are to be included and whether or not educationally disadvantaged students will be admitted and assisted to successfully complete the program).

Identify barriers to recruitment and retention, and specify actions to overcome those barriers.

Delegate responsibilities for members of the faculty committees and for the minority student coordinator.

Revise brochures and other informational materials that convey the purposes of the program to depict the ethnic population desired for the school.

Review the philosophy and objectives of the school of nursing. Both should reflect the school's determination to prepare nurses from areas that are inadequately served. Both should include the school's desire to admit and retain educationally disadvantaged students if this is its goal. Thus, all students and faculty know in advance that they will be assisting in meeting critical needs.

Review tests and other course materials for their inclusion of racist information and make appropriate corrections. Ethnic studies staff can assist in selection of curricula reference materials.

Other Considerations Affecting Inclusion Programs

The ethnic student population in schools of nursing varies as does the learning environment. Other considerations that should be incorporated into program planning for ethnic inclusion are:

Student Profile

Each school of nursing has an unpublished profile into which most students will fit. The school's expectations of students' type of dress, hairstyle, speech patterns, and general behavior comprise this profile. Admission of ethnic students sometimes necessitates adjustments in

faculty and staff attitudes, behavior, and expectations of the students.

Admission Requirements

Over the years, the grade-point average (GPA) of students applying to schools of nursing has been the major criterion for admission. In recent years, applicants to schools of nursing have far exceeded the number of students that can be accepted. Although many colleges' requirements for GPA do not exceed 2.0 or 3.0, it is a fact that the GPA of most nonminority nursing students is at least one full point above the entrance requirement. This means that minority students who meet the 2.0 requirement are likely to find themselves competing with classmates having GPA scores of 3.0 to 4.0. As competition becomes more keen, minority students are thus viewed as being academically inferior, although their "average" scores do meet the entrance requirement. Inclusion of the ethnic group student should require admission criteria that extended beyond mere GPA scores to include such other relevant indicators as communication ability and commitment to practice nursing.

EXCERPTS

A. ACTIVITIES OF PARTICIPATING SCHOOLS

Periodic reports were submitted to the project director for sharing with other schools, planning and advisory committees, and consultants. The following excerpts were taken from these reports. Numerical changes in ethnic minority students and faculty include American Indians and Alaskan Natives, Blacks, Filipinos, Chicanos, and other Spanish-speaking persons. NA (not available) means figures were not submitted for this report.

Special Features and Enabling Factors describes the circumstances that have assisted and supported the efforts of faculty participants to carry out project goals.

Inhibiting Factors explains the events or problems which have prevented programming from more successfully meeting project goals.

Special Activities summarizes the efforts that were a part of this project. (Includes recruitment, retention, and curricular revision.)

Summaries of reports submitted for Spring 1974 follow:

ALASKA

School

Alaska Methodist University
College of Nursing
Anchorage, Alaska 99504

Type of Program: Baccalaureate degree
Dean/Director: Dr. Effie Anderson Graham
Faculty Participants: JoAnn Hagen, Annabelle Moore, Imelda Hull (1971-1972)

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	31	13	3	0
1974	128	22	11	0

Special Features and Enabling Factors

1. Campus-wide individual-oriented philosophy.
2. New center concept which allows more individual direction for students, i.e., intercultural center and others.

Inhibiting Factors

1. Lack of enough faculty.
2. Communication problems between and within centers.
3. Lack of community understanding of program and 4-year goals in nursing.
4. Lack of self-paced curriculum in nursing.

Special Activities

Retention: Planning a proposal for a retention program.
Curricular Revision: Changing over to a mostly self-paced curriculum. "Bush experiences" for senior students, including Alaskan Natives.

ARIZONA

School

Cochise College
Nursing Program
Douglas, Arizona 85607

Type of Program: Associate degree
Dean/Director: Ms. Beverly A. Langley
Faculty Participant: Marion Dormann

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	28	6	3.5	0
1974	56	14	5.5	0

Special Features and Enabling Factors

1. Nursing faculty became more aware of needs for minority involvement.
2. Retention needs made us take a better look at curriculum and revise curriculum. We had an NLN consultant here to aid in curriculum revision.

Inhibiting Factors

Student retention is the main problem.

Special Activities

Recruitment: Program has many minority student applicants, but minority faculty are sought to achieve a more balanced ratio.

Retention: Special sequences developed in classroom activity. Improve use of audio-visual aids.

Curricular Revision: English course developed specifically for nursing students—aids in helping minority students with medical terminology. Career ladder developed to help student achieve from step to step.

School

Northern Arizona University
Nursing Program
Flagstaff, Arizona 96001

Type of Program: Associate and new Baccalaureate degrees
Dean/Director: Ms. Phyllis Adkisson

Faculty Participants: Enid A. Rossi, Roberta Clegg (1971-1972)

Statistics

	Students A.D.		Students B.S.		Faculty	
	Total	Minority	Total	Minority	Total	Minority
1971	43	7	—	—	5	0
1974	74	11	10	2	NA	NA

Special Features and Enabling Factors

1. Community organizations and key people interested and eager to work with faculty.
2. Indian counselor at NAU is former graduate of nursing program.
3. Faculty representative to WICHE project is chairperson of the AD curriculum committee.

Inhibiting Factors

1. Fall 1971—project representative new to school and to teaching.
2. Fall 1972 and Spring 1973—faculty short two positions (total faculty only four, including chairman), chairman ill, political problems with students and administrators.
3. Fall 1973—almost 100 percent turnover of faculty and chairman.

Special Activities

Recruitment:

1. Established prenursing program (two students in 1974).
2. Selection process for admission to nursing gives preference to minority students who have passed prenursing program and plan to work with their ethnic group.

Retention:

1. Set up prenursing assistance program: a. math, reading, vocabulary, language, study methods, career counseling; b. tutoring now available through counseling center, and LULAC and Community Services.
2. Minority nursing students are aided by tutors, individual faculty assistance with problem areas, and use of AV aids.
3. Freshman class, Fall 1973, retained all minority students. Sophomore class lost one student to another health field.
4. Graduating class, Spring 1973, all minority students passed State Boards.

Curricular Revision:

1. Programmed instruction, films, filmstrips, and group work are utilized as some teaching methods.
2. Ethnic cultural consideration is a thread throughout AD curriculum: beliefs regarding death, food habits, clinical assessments (check for cyanosis, etc.), hygiene, family organization patterns, responses to pain and hospitalization, language differences.
3. B.S. program emphasizes cultural patterns in health and illness in community health and preventive mental health.

CALIFORNIA

School

Bakersfield College
Nursing Department
Bakersfield, California 93305

Type of Program: Associate degree
Director: Malcolm McDonald
Former Director: Ms. Doreen T. Chan
Faculty Participant: Doreen T. Chan

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	62	1	6	1
1974	77	5	6	2

Special Features and Enabling Factors

Pre-entry course for minority students applying 1973-1974. The 6-week course was conducted by two faculty members skilled in working with students who have difficulty with basic skills.

In addition, the students were given exercises to improve their concentration. Eleven students completed the course, which met for 2 hours during sessions for 34 weeks. There was a substantial increase in student scores on the SCAT and Nelson-Denny Reading Test after the 6-week course.

Special Activities

Recruitment: Admissions are on a competitive basis so open enrollment is not a reality. The three minority students who will be entering the school of nursing for the 1974-75 school year were recruited from applicants who applied for the 1973-74 school year but were not admitted.

Retention: Does not pose a problem for minority students—most do as well or better than the average student.

School

California State University, Chico
School of Nursing
Chico, California 95926

Type of Program: B.S. and M.S. degrees
Dean: Dr. Elagrace Reekie, Associate Dean for Nursing
Faculty Participants: Sylvia Bassett, Elizabeth Wolfe

Statistics

	Students			
	B.S.		M.S.	
	Total	Minority	Total	Minority
1971	311	14	0	0
1974	315	18	29	2
	Faculty			
1971	23	0	0	0
1974	23	0	1	0

Special Features and Enabling Factors

Attendance of faculty members and their reports and discussions of workshop content. Workshop materials: Bibliographies, films, video tapes. Regional and cluster conferences attended by faculty members. Sharing of problems and possible solutions.

Inhibiting Factors

Inadequate time: Faculty overload. Inadequate funds for travel (split campus) and clerical work (compiling data); geographically split campus: 9 faculty at Travis AFB, 13 at Chico (2.5 hours away) and 1 in Oakland. Attitude of confrontation on the part of consultants and faculty unwillingness to face the issues.

Special Activities

Recruitment: Greater attempt at recruitment of minority students. Student representation (speakers, counselors) in local high schools with predominantly Black populations.

Retention: Liaison with and broadening of general college program in areas of need (e.g., math, reading), tutorials (instructors) and counseling (individual and group).

Curricular Revision: Textbook examination for signs of prejudice. Discussions and experience with health problems and needs of minority groups. Physical assessment differences (e.g., signs in burn trauma).

School

California State University, Los Angeles
Department of Nursing
Los Angeles, California 90032

Type of Program: B.S. and M.S. degrees
Dean: Dr. Ruth Wu
Faculty Participants: Henryetta Blackmon, Sally Farnham, Dora Lee (Coordinator for Minority Students)

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	710	76	NA	NA
1974	NA	196	NA	5

Special Activities

Recruitment: Recruitment of students for the genetic program was halted because of a moratorium on all basics in December 1971. Exception: Students recruited under the Mexican-American Recruitment Project.

Each beginning nursing class will have at least 25 percent enrollment of Black, Brown, and American Indian students, using a waiting list.

Retention: An active retention program was instituted fall quarter 1972, including counseling and tutoring.

Curricular Revision: February 1973, nursing courses reviewed by chairman of ethnic students, centers, or campus (Mexican American, Pan-African, and Asian). Their responses were implemented into the new curriculum. Spanish classes were added to the list of limited electives.

Faculty Awareness: The School of Nursing Minority Committee was invited to conduct faculty awareness workshops/seminars.

School

California State University, San Francisco
Department of Nursing
San Francisco, California 94132

Type of Program: B.S. degree
Former Dean: Dr. Marion Schrum
Acting Chairman: Ms. Elizabeth Clark
Faculty Participants: Taiko Hara, Alma Petty, Jerry Kinsey (Coordinator for Minority Students)

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	208	64	29	4
1974	220	72	27	4

Special Features and Enabling Factors

Minority student counselor position filled by Jerry Kinsey (a Black faculty member) who has received release time for these responsibilities. Faculty attend cluster work sessions.

Inhibiting Factors

Lack of faculty interest and involvement—considered low priority—much below need for new department chairman, curricular revision, ongoing courses. Some minority students are failing segments the second year. Curricular revision does not include minority health need issues.

Special Activities

Recruitment and Retention: There has been some degree of increased awareness of need for minority students accompanied by increased resistance in identifying problems within faculty and curriculum.

Curricular Revision: There is minimal inclusion of isolated facts pertaining to a particular ethnic/cultural group, mostly from information which is sought from students.

School

Chaffey Community College
Allied Health Program
Alta Loma, California 91701

Type of Program: Associate degree
Coordinator: Ms. Mary Boul
Faculty Participants: Sylvia Pompura, Cynthia Carey

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	NA	NA	NA	0
1974	106	15	NA	0

Special Activities

Recruitment: Worked on admission criteria. Attempts made to increase minority enrollment in all allied health fields.

Retention: Individual tutoring provided by peers and faculty. Planned closer articulation with campus Reading and Technology Center to offer help in closing academic gaps. Planned improved scheduling of classes.

Curricular Revision: Instituted a self-pace math course.

School

East Los Angeles College
Department of Nursing
Los Angeles, California 90022

Type of Program: Associate degree
Director: Ms. Judy Cardinal
Former director: Ms. Phyllis Linden
Faculty Participants: Judy Cardinal, Mollye Harris, Cecelia Nash (Coordinator for Minority Students)

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	108	62	10	1
1974	137	83	11	3

Special Features and Enabling Factors

1. New director of nursing program has been a faculty participant since 1971. She assumed responsibilities as of June 1974.
2. Minority Affairs Committee.
3. Establishment of 3R program with full-time nursing advisor.

Inhibiting Factors

Lack of total faculty involvement.

Special Activities

Recruitment: Through 3R program.

Retention: Use

1. Some faculty members have started looking at students differently and utilizing school and tutorial services. These same faculty members have increased student counseling time. By trial and error, new knowledge has been exchanged among these few for better student retention.
2. Tutorial assistance still is spotty and poorly coordinated, despite increased faculty awareness. We have the raw materials at hand, but we have to "get it together."

Curricular Revision:

1. Greatest area of success. As corollary rather than direct impetus from minority affairs, strong push has been toward developing ladder curriculum. Picks up educational lag by allowing students to develop successes first while changing self-image.
2. Ladder concept is being utilized in planning new curriculum.
3. Although State Board recently turned down our proposal to substitute Sociology II (ethnic and race relations in the U.S.) for our regular sociology course, we will still continue to recommend it to our students as an elective. The career ladder concept has really strengthened our approach to meeting the needs of minority students.

School

El Camino College
Nursing Program
Torrance, California 90506

Type of Program: Associate degree
Dean/Director: Ms. Margaret Brant
Faculty Participants: Seolia Beamon, Eleanor Brown

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	125	27	10	4
1974	NA	NA	13	2

Special Features and Enabling Factors

None indicated in 1974 report.

Inhibiting Factors

Lack of commitment by total faculty. Lack of release time.

Special Activities

Recruitment: Plan release time for team visits to local schools.

Retention: Two nursing counselors work with nursing students as a result of the minority project.

Curriculum Revision: Report stated this is limited.

School

Los Angeles City College
Nursing Department
Los Angeles, California 90029

Type of Program: Associate degree
Dean/Director: Ms. Ada L. Kirkland, Acting Chairman
Faculty Participants: Beverly Tiktinsky, Sarah Shuldiner

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1974	220	NA	20	7
1971	230	NA	NA	1

Special Features and Enabling Factors

None noted—questionnaire incomplete.

Inhibiting Factors

Lack of faculty participation.

Special Activities

Recruitment: Not a problem.

Retention: Faculty do not participate.

Curricular Revision: Inclusion of ethnic minority content planned in current curricular revision.

School

Los Angeles Trade-Technical College
Nursing Program
Los Angeles, California 90015

Type of Program: Associate degree
Dean/Director: Ms. Virginia Crispin
Faculty Participants: Bess Alderman, Socorro Ortiz

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	96	62	6	2
1974	66	39	NA	2

Special Features and Enabling Factors

1. Project workshops and staff have given insight into minority problems.
2. Consultant (Fay Wilson) has assisted in pointing out areas for changes, i.e., application forms with prejudicial questions built in.
3. A minority advisory committee is being formed. Composition will be representation from campus, clinical facilities, and community.

Inhibiting Factors

1. Dean of instruction felt workshops were not relevant to RN faculty.
2. Lack of leadership in cluster group.
3. Financial aid based on last year's earnings—requires students to work excessively.

Special Activities

Recruitment: Faculty talk to prospective students in hospital setting.

Retention: Not a problem—once a student is in she wants to stay in. One student dropped out one semester for health reasons but has re-enrolled. Chairman still finding the development of good math and literacy skills to be the major problem in developing good, safe, responsible practicing registered nurses. An almost equally difficult hurdle is the need to earn a livelihood while going to school. Many students undertake more then they can handle with family, job, *and school*. These students would go out as much more effective and efficient graduates if they could spend more time studying while they are in school.

Curricular Revision: Faculty working on curriculum are joined by a student currently enrolled in the program. Consultant will continue to work with faculty in developing content useful to the minority student.

School

Mount St. Mary's College
Department of Nursing
Los Angeles, California 90049

Type of Program: Baccalaureate degree
Dean/Director: Sister Callista Roy
Faculty Participants: Edda Abramowitz, Nancy Zewen

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	150	5	9	1
1974	131	18	16	4

Special Features and Enabling Factors

There was unanimous support in this project from the entire nursing faculty and other faculty. The chairman of the department, academic dean, and president of the college also heartily endorsed the project and gave much time and consideration to it.

Inhibiting Factors

Main inhibitor was financial, but as previously mentioned, some success was gained in this area.

Special Activities

1. Recruitment: We have been able to save slots for minority students and to propose a plan acceptable to the administration of the college for doing so.
2. Retention of Students: We have been able to fund some orientation to the program for minority students and also some tutoring. This has met with varying success. Of the students we did accept, one was not admitted to the program, one was dropped from the program, and two others are continuing successfully at this time. I would say that our gains are better shown by the fact that we have a group of faculty who are truly interested and committed to the policy of extra work to retain minority students.
3. Curriculum: In the area of curricular revision to meet minority needs, we have seen the introduction of content into the courses as currently taught and also the introduction of a new course which will be offered as an elective in the interterm of 1975. This course will focus on the health care delivery to the minority ethnic groups. In addition, there is much faculty interest in gaining more content in this area. About four faculty intend to go to the workshop on the needs of Black patients to be given in San Francisco in May.

School

Palomar College
Nursing Program
San Marcos, California 92069

Type of Program: Associate degree
Director: Ms. Donna Casey
Faculty Participants: Joan Mahoney, Ruth Murphy, Alyce Cooper (Coordinator for Minority Students)

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	52	3	5	0
1974	110	19	10	1

Special Features and Enabling Factors

Two faculty members and chairperson participation in project, subsequent reports to total nursing faculty have helped, especially in area of retention and curricular change. Subsequent reports have been a constant reminder to this faculty of its commitment to the project and its objectives.

Special Activities

Recruitment: Greater determination to work with Project Breakthrough of the Student Nurse Association and new laws for change in LVN to RN. Plans made very early

in our program were realized in summer of 1973. [Donna in cooperation with Tribal Council worked with Pala.] Participants received Aide certificates and six Native Americans were recruited into our program.

Retention: Highest retention rate since program's inception. Greater consideration of problems. Students have been Tutored [funds—Extended Opportunity Programs & Services (EOPS)]; given W's (withdrawals—nonpunitive grade); allowed time to make up work, and remain in the program—paradoxical, but they are still our students. Summer Program was devised to assist minorities and other students. Employment of Black clinical Instructor.

In April 1973, the Tribal Council requested the Nursing Department to teach a course in "Orientation to Nursing" for the Native American Institute, on the Pala Indian Reservation during the summer session of 1973.

Curricular Revisions to Meet Minority Needs: Most significant—use of LEGS (Learning Experience Guides for Students). Faculty awareness of change in course mandation and new, more meaningful courses on campus. Ethnic studies can be used for general education, etc. During consultant visit, the possibility of integrating multicultural or transcultural nursing objectives was discovered.

School

Sacramento City College
Division of Nursing
Sacramento, California 95822

Type of Program: Associate degree
Dean/Director: Ms. Elizabeth Joseph
Faculty Participants: Barbara Cooke (Coordinator for Minority Students), Betty Jo Jones

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	133	19	13	1
1974	115	24	13	2

Special Activities

Recruitment:

1. N50 course will be open to all students planning to enroll in nursing.
2. Slide program has been developed to depict careers in nursing. Minority students were the focus of emphasis. There were also pictures depicting minority faculty and former minority students who are now successful RN's.
3. Faculty and students have been out to the high school this school year for a Career Day program.

Retention:

1. Modular approach to be started partially in Fundamental Skills this spring, 1974. One faculty member has been given release time to work the modules approach concept into our total curriculum. It is the intent of this approach to allow the students to work at their own pace and to decrease the incidence of failure.
2. Testing in N50 course will be one of the ways in which students' strengths and weaknesses can be identified early before the student starts the nursing program. Immediate, planned assistance in the form of courses and tutoring will be afforded that student. Examples: English as a second language course, Math 50 course, Reading skills lab, Project 30j—Science tutoring project.
3. Nursing readiness course and eventual self-pacing.
4. Anatomy and Physiology: Will now be two semesters. The intent is to more evenly divide the content of this course so that students are given enough time to learn this material. Therefore, there should be fewer students failing this course and having to drop out of nursing because of this.

Curricular Revision:

Modules on Cultural Distinctiveness with Implications for Nursing re: (1) Blacks (2) Native Americans.

School

San Jose City College
Department of Nursing
San Jose, California 95114

Type of Program: Associate degree
Dean/Director: Ms. Joan H. Ballard
Faculty Participants: Lorraine Hultquist, Marie Niemann

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	120	21	11	2
1974	126	33	11	2

Special Features and Enabling Factors

1. Support by department chairman and administration.
2. Faculty's verbal support—attended workshops, participated in discussions regarding project.
3. Interest of minority students.
4. College allowing time for workshop.
5. Remedial and study assistance.

Inhibiting Factors

Lack of time to spend with project because of planning of new campus—instructors involved in self-pacing units leaves little time to spend with other projects.

Special Activities

Recruitment:

1. Recruiting more in minority community; Black faculty member involved; recruiting more in local hospitals—e.g., LVN aides.
2. Recruitment brochure revised—includes pictures of minority students and specific statements to encourage minority students to apply.
3. Minority enrollment increased.

Retention:

1. Retention rate increased.
2. Cognitive mapping done—different learning styles explored.

3. More awareness of student problems.
4. More use of study skills center, tutoring, school psychologist.
5. Communication with science department regarding anatomy, physiology, and microbiology.
6. Meetings with minority students to look at needs.
7. Workshops with minority students, nursing faculty, counseling, financial aid dept., community people.

Curricular Revision:

1. More input pertaining to minority patient problems (e.g., specific diseases, specific nursing care).
2. Students continue to go into ethnic community to look at needs (leadership course).
3. More discussion in clinical groups of minority patient problems.
4. Nutritional workshop focusing on ethnic diets and related problems.
5. Spanish course to be set up this semester "Spanish for Nurses." Sabbatical being taken by one instructor to work on a self-pacing Spanish unit for nurses.

School

Santa Barbara City College
Department of Nursing
Santa Barbara, California 93105

Type of Program: Associate degree
Dean/Director: Ms. Shirley Conklin
Faculty Participants: Betty M. Dean, Shirley Conklin

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	55	10	8	0
1974	111	14	8	0

Special Activities

Recruitment: This project provided an added impetus to the college, the Health Occupations Division, and the faculty—in varying ways and amounts to make concerted efforts toward the recruitment of minority students. Although figures do not show large increases as yet, there are identified minority students in the process of application to the program and in the process of completing prerequisite courses. We are also attempting to reach the younger child—that is the junior high school student. This seems to be better than concentrating solely on high school students. We are working closely with the community health task force who has employed one person specifically to work with our division in recruitment of mirority and low-income students. I believe that these activities along with others that I will describe has brought about increasing trust from minority faculty, counselors, and community representatives. This, however, does not mean that we have completed our task of recruitment.

Retention: The impact of this project has made us realize the need for providing tutorial assistance to minority students when needed. This is provided through the college's Learning Resource Center, as well as hiring tutors to work with students on a one-to-one basis or a small group basis. It has been particularly helpful to be able to employ tutors to help students with biological science courses.

Curricular Revision: This project, to some extent, has provided some of the impetus that the faculty has shown by developing its RN curriculum into 34 separate modules. This curriculum will go into complete implementation in the fall of this year. Specifically, it is a self-paced curriculum which will allow students to not be confined to the usual semester system, but to be able to pace themselves realistically. There are naturally limits to the amount of time that a person can be in the program, but we believe that this curriculum will definitely help our minority students, and by having open entry and exit avenues, we will be able to bring students in at various times during the school year. It is also evident that more content is being included in the RN curriculum that deals with minority cultures and their relationships to health and illness. This project has also provided the impact to start another kind of two-year health program—the community health technician. This is being planned with the dual efforts of the Health Occupations Division at Santa Barbara City College and the community health task force.

School

Solano Community College
Nursing Program
Suisun City, California 94585

Type of Program: Associate degree
Dean/Director: Ms. Donna E. Harris
Faculty Participant: Elizabeth Lopez

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	34	12	4	0
1974	77	18	6	0

Special Features and Enabling Factors

Minority student involvement and participation in group meetings, readiness program, and skills lab has been a large factor.

Participation by the nursing faculty representatives to WCHEN project, and the sharing of ideas about the project at faculty meetings has been helpful.

There has been, generally speaking, faculty support for the project. The college administration, though minimally involved, has not inhibited the project.

Inhibiting Factors

Time has been a factor in accomplishing all activities we would like to have. Requesting minority students to spend extra time in meetings, etc., may be overloading. Student reaction to general statements or curricula innovations regarding ethnic differences has at times met with resistance.

Special Activities

Recruitment: Minority students who are qualified have

been admitted to the nursing program in the past. Adequate numbers have been admitted except for Chicano students. With changes in admission policy, faculty discussed maintaining adequate numbers of minority students. Forty percent of the class will be randomly selected. We feel our policy will insure adequate numbers based on Solano County population.

Retention: Capitation money has been used for a nursing tutor, A-V equipment, and a pilot readiness program for minority students. The class entering in 1973 shows retention of minority students following the readiness program and meeting once a week to problem solve. As a result there will be a readiness program recommended for all incoming students in 1974.

Curricular Revision: The faculty have included in bibliography lists, articles about ethnic differences. These articles have been discussed by the class (i.e., care of hair, cyanosis in dark-skinned people). Our newer films and books show a variety of peoples. We have invited guest speakers as role models to speak on cultural differences, i.e., Indian, Filipino, Black. A Spanish medical terminology course is being initiated as a course for health personnel. English as a second language will be initiated as requested by nursing faculty due to loss of Filipino-born students. A module on Filipino needs is in planning.

School

University of California, Los Angeles
School of Nursing
Los Angeles, California 90024

Type of Program: B.S. and M.S. degrees
Dean: Dr. Rheba de Tornyay
Faculty Participants: Phyllis Paxton (1971-1973), Coleen Sparks, Gladys Jacques, Ann Drice (Coordinator for Minority Students)

Statistics

	Students				Faculty	
	B.S.		M.S.			
	Total	Minority	Total	Minority	Total	Minority
1971	101	26	134	21	41	6
1974	87	28	NA	41	33	7

Special Features and Enabling Factors

Number of minority faculty and interested other faculty. Supportive position of administration. Available monies for student advocate and tutors. Supportive active students, minority and nonminority. Large and active minority affairs committee.

Inhibiting Factors

Lack of real information on what is valid curricular change. Lack of information on how to tutor.

Special Activities

Recruitment: Students have become involved in reaching minority potential students who might not ever apply.

Retention: Tutorials available in every course. Sample papers available. Student advocate for nursing students. Paid tutors for medical science courses. Faculty advisor for minority students who are cognizant of their problems.

Curricular Revision: Cluster workshop planned for March 1974. Pertinent minority content introduced. Nonvalid minority content removed. Concept of individual differences, etc., emphasized.

School

University of California, San Francisco
School of Nursing
San Francisco, California 94122

Type of Program: B.S. and M.S. degrees
Dean: Dr. Marjorie Dunlap
Faculty Participants: Ruth Roehm (1971-1972), Elizabeth Harding, Diane Adams (Coordinator for Minority Students)

Statistics

	Students—B.S.		Students—M.S.		Faculty	
	Total	Minority	Total	Minority	Total	Minority
1971	113	19	169	20	129	4
1974	128	32	171	20	132	10

Special Features and Enabling Factors

Active campus organizations, i.e., Black caucus, Chicanos for Health Education.

Active and concerned community organizations, i.e., Bay Area Black Nurses Association. Vocal and "militant" students. Presence of Dr. Price Cobb's Racial Confrontation groups on campus and his numerous free consultations to staff, faculty, and students.

Creation of the position of Coordinator of Recruitment and Retention. Support from the Dean. Some administrators and some faculty willing to move and bend. Support from top campus administration.

Inhibiting Factors

Many faculty not committed to and some opposed to goals of project. Structural reorganization of the School of Nursing and complete change in both undergraduate and graduate curriculum was a priority issue over the last two years. Rising number of nonminority applicants with higher grade point averages, with a first degree, sometimes two degrees.

Special Activities

Recruitment: Through the project the coordinator for recruitment in the School of Nursing was exposed to people and resources that provided invaluable assistance and ideas toward the planning of the recruitment program. The school was able to meet its 25 percent minimum minority student enrollment for the incoming class for the first time in the school's history. Minority students accepted and applying to the school have steadily increased.

Curricular Revision to Meet Minority Needs: Because of the involvement of faculty in the project, both minority and nonminority, the participants and thus the school have access to resource materials, such as films, bibliographies, speakers and videotapes, that are concerned with minority health needs. These resources have greatly enriched the curriculum resources available to minority students. Led to the establishment of a course, "Ethnic Identity and Nursing Care."

School

University of San Francisco
School of Nursing
San Francisco, California 94177

Type of Program: B.S. degree
Dean/Director: Sister M. Geraldine McDonnell
Faculty Participants: Mary Forcin, Ann Schieding, Jeannie Kayser

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	432	50	34	3
1974	481	91	34	3

Special Activities

Recruitment: Minority faculty sought. Use campus organizations (EOP) for student recruitment. Minority Affairs Committee coordinates recruitment.

Retention: Minority Affairs Committee utilizes resources outside the School of Nursing. Faculty development workshops held. Students participate in curriculum and faculty committees. Tutoring increased.

Curricular Revision: Texts analyzed for material not relevant. Workshops developed on ethnic differences.

School

Ventura College
Department of Nursing Education
Ventura, California 93003

Type of Program: Associate degree
Dean/Director: Ms. Margaret O'Neill
Faculty Participants: Frances Hughes, Kathleen Johnson

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	90	11	NA	1
1974	98	21	8	3

Special Features and Enabling Factors

A real effort on part of the faculty to see that the goals of the project were carried out. Help and encouragement from WCHEN project. Also increased faculty knowledge and awareness as result of attending project workshops.

Inhibiting Factors

Lack of faculty time to really work up new arrivals offerings, etc. Distance from cluster group meetings, which kept us from attending them.

Special Activities

Recruitment: Have substantially increased over minority enrollment from 1971 figures.

Retention: Has not been a problem in past, nor is it now.

Curricular Revision: Have included new assignments in N.S.I. on Ethnic Awareness. Also handouts on cultural awareness subjects have been prepared, and an effort made to include cultural differences in discussions.

COLORADO

School

Community College of Denver
Nursing Program
Denver, Colorado 80216

Type of Program: Associate degree
Director: Ms. Ruth Harboe
Faculty Participants: Ruth Harboe (1971-1972), Margie Cook (1972-1973), Alma Mueller, Birdell West (Coordinator for Minority Students)

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	130	22	8	1
1974	144	45	10	3

Special Features and Enabling Factors

1. Federal monies which freed up some faculty to make changes in curricular inclusion of minority content.
2. Federal monies which allowed for initial development of modules of content to promote a small degree of self-pacing.
3. Federal monies which allowed for faculty tutoring of minority students having difficulty with academic content.
4. Federal monies which created an office on this campus for minority student tutoring (MOVE).
5. Faculty commitment which recruited and admitted more minority students to the program.
6. Good rapport and commitment with the counseling division on the campus.
7. Good rapport and commitment of some other division faculty at the school.
8. Good rapport and commitment with faculty in the special help labs.

Inhibiting Factors

1. Faculty turnover high.
2. So many new faculty to sensitize.
3. Lack of time to pursue goals of the project.

Special Activities

Recruitment: We found many minority students came to us. We also were able to seek out those who would otherwise not have known of the opportunity to take the program. Even though the number of Chicanos has stayed the same on this record, our first-level class this year has a greatly increased number of Chicanos due to this project.

Retention: By means of faculty inservice to increase awareness of their feeling and assist the faculty to handle and understand minority problems, more students were retained. By planning specially to meet the students' needs, many were able to fill in educational deficiencies and then proceed to conclusion of the program successfully.

Curricular Revision. This project has encouraged the deliberate inclusion of minority content into the curriculum. Before, this inclusion had been haphazard. There is evidence in the modular packets of minority content in each

of the courses, and a specific unit on cultural forces in health care. Also, the faculty has become more sensitized to minority content inclusion on a class discussion basis. A second curricular change is seen in the modular packets which have hopefully encouraged a little more self-pacing instead of planned pacing by lectures. A third major curriculum change has been the implementation of a ladder PN-RN program.

School

El Paso Community College
Department of Health Occupations
Colorado Springs, Colorado 80904

Type of Program: Associate degree
Former Director: Ms. Raella Booton Brown
Acting Director: Ms. Florence Hachmeier
Faculty Participants: Raella Brown (1971-1973), Marcia Barry, Mary Jane Miller, Don Ritchie (Coordinator for Minority Students)

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	131	27	10	4
1974	134	49	9	3*

*(including dept. chairman)

Special Features and Enabling Factors

1. The commitment, dedication, and insight of the former department chairman.
2. The hiring of a coordinator who was sensitive to the needs of the minority students and the community, and who was committed to the project.
3. Total faculty commitment, with the willingness to learn, adopt, change, and follow through.
4. The establishment of the Minority Affairs Committee composed of different individuals from the community who were committed to the project. The participation of students on this committee.
5. The consultation and workshops provided by WICHE staff concerning problem areas with implementation of such a project.
6. The changing of the curriculum to meet the needs of the minority students.
7. The willingness of the nursing staff to deal with the minority student needs as a whole (family, financial problems, community problems), understanding that total involvement was the key to facilitating the learning process.

Inhibiting Factors

1. Lack of enough faculty.
2. Communication problems between and within centers.
3. Lack of community understanding of program and 4-year goals in nursing.
4. Lack of self-paced curriculum in nursing.

Special Activities

(Recruitment and Retention activities included in section on Impact)

Curricular Revision: The curriculum was changed in order that, throughout each course, materials were added to include minority culture and how to relate to and care for minority patients. Separate courses were offered: NUR 220—Minorities and Health Services, and NUR 221—Health Systems and Health Services.

School

Loretto Heights College
Division of Nursing
Denver, Colorado 80236

Type of Program: B.S. degree
Dean/Director: Ms. Margaret Metzger
Faculty Participants: Jeanette Crouch (1971-1973), [illegible]ta Szigeti, Marie Milliken

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	141	10	12	0
1974	254	31	12	1 (lab asst.)

Special Features and Enabling Factors

1. Federal capitation grant (released funds 1974) will allow more extensive planning.
2. Minority recruitment by former graduate who heads a campus-wide program.
3. Tradition of small classes and individual attention.
4. College support of minority recruitment both of students and minority faculty.
5. Individual learning contracts for RN students in advanced medical/surgical, psychology, and in part, public health nursing.

Inhibiting Factors

1. Faculty-student ratio in nursing program heavy and allows little time for work beyond teaching commitment.
2. Financial problem of the private liberal arts college does not allow funds for scholarship help for students, nor salaries high enough to attract minority faculty.
3. Since courses are offered only once a year, this causes difficulty with self-pacing options of some courses.
4. High tuition rate and lack of scholarship funds.

Special Activities

Recruitment: College committed to recruit students with yearly income of $0 to $6,000.

Retention: Pre-entry program (biology), summer 1973. Chemistry modules allowed individual pace. Individual attention of instructors in chemistry and biology.

Curricular Revision: Chemistry-biology modules. Self-pacing program for entry course in nursing. Limited by schedule since material must be covered within semester (additional time allowed spring 1973). Focus of new curriculum on Man and His Needs. More cultural material to be incorporated (consultation with Lester Fields will be used to outline depth and breadth of cultural material).

Spanish for nurses taught by Elizabeth Ramos. Extensive work to provide translation for all common health dialogues for both hospital and community encounters. Nursing faculty supports this class. Use of cultural material in physical assessment course SPRG (2 per year) 1973.

School

University of Colorado
School of Nursing
Denver, Colorado 80220

Type of Program: B.S. and M.S. degrees
Former Dean: Dr. Kathryn Smith
Acting Dean: Dr. Eunice Blair
Faculty Participants: Ora Plummer (1971-1973), Sally Beatty (1971-1973), Sophronia Williams, Gilda Brown, Margie Cook (Coordinator for Minority Students)

Statistics

	Students			
	B.S.		M.S.	
	Total	Minority	Total	Minority
1971	164	7	107	8
1974	343	28	116	6

	Faculty			
	B.S.		M.S.	
	Total	Minority	Total	Minority
1971	32	0	21	2
1974	35	4	22	3

Special Features and Enabling Factors

1. Nursing administrative direction is setting faculty expectations in regard to: Affirmative action plans, cross-cultural curricular content, and experimental programs for associate degree graduates and graduate students.
2. The School of Nursing's Minority Student Affairs Committee's increased involvement in project goals such as assisting with the pre-entry program, representation at cluster meetings, and their initiation of School of Nursing faculty workshops.
3. The hiring of a School of Nursing Coordinator of Minority Student Affairs.
4. Cooperation with Medical Center Office of Minority Affairs.

Factors or Conditions That Have Enabled and Promoted Recruitment and Retention:

1. Involvement of current students in recruitment activities.
2. Participation in a special high school program designed for students interested in health careers.
3. Priority consideration for minority student applicants by the Undergraduate Admissions Subcommittee.
4. Improved methods for identification of the applicants of ethnic minorities and maintaining contact with applicants after the initial inquiry.

Curricular Revision: With an increase in the number of ethnic minority students, an increased number of faculty are recognizing a need to develop awareness of cross-cultural content and constructive methods for teaching the content. More faculty than previous to our commitment to the WICHE project are making deliberate efforts to include cross-cultural content in their courses. The Minority Student Affairs Committee has begun planning faculty workshops designed to assist faculty with the inclusion of cross-cultural content. As mentioned earlier regarding retention, experimental programs have been designed, and these programs directly influence the existing prerequisites for admission to the undergraduate and graduate programs. Some faculty are teaching special courses that relate to the health needs of ethnic minorities.

School

University of Northern Colorado
School of Nursing
Greeley, Colorado 80639

Type of Program: Baccalaureate degree
Former Dean: Ms. Elaine McMinn Menges
Dean: Dr. Phyllis Brennan
Faculty Participants: Gordon Sawatzky, Karen Babich

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	435	8	14	0
1974	562	41	25	0

Special Activities

Recruitment: Recruitment for the School of Nursing is handled by Ben Trujillo in the Admissions Department of the university. The program in nursing and our interest in recruiting minority students has been shared with Mr. Trujillo. Since the beginning of this project, enrollment of minority students in the School of Nursing has increased from 8 to 41. We are pleased with the increase and are hoping to attract more students from the large Chicano population living in Greeley.

Retention: During the first two years, students with a nursing major are taking the prerequisite courses for upper division and are seen by the nursing faculty only for advising. When academic problems arise, assistance is given to the student in acquiring remedial courses and/or tutoring which is provided through the Special Needs program. In addition, we have tried to provide other nursing students as tutors to students having difficulty. This has proved to be quite effective.

Curricular Revision: During the 1972-73 school year, a university-wide curricular revision was made to provide a total of 60 qtr. hours of general education electives for each student.

The School of Nursing changes the prenursing requirements to allow for more freedom in choosing electives which are of professional and personal interest.

In addition, the following changes were made in prerequisite courses: chemistry reduced to 15 hours from the original 20 hours; physics was dropped; the 24-hour biological science sequence has been changed to incorporate pharmacology within a 21-hour sequence. Currently we have 55 hours of prenursing requirements, 80 hours of upper division nursing courses, and 45 hours of general electives.

IDAHO

School

Idaho State University
College of Medical Arts
Pocatello, Idaho 83201

Type of Program: Baccalaureate degree
Chairman: Ms. Helen Beckley
Faculty Participants: Betty Evanson (1971-1973), Shirley Howell (1971-1973), Grace Jacobson, Joan Paradis

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	96	2	16	0
1974	162	5	20	0

Special Features and Enabling Factors

Students have shown active interest in recruitment and willingness to participate in planning and discussion sessions. Faculty have given time and thought to adjustments in their curriculum and in actively working through students' problems.

Inhibiting Factors

1. Communication with campus Special Service Personnel has presented some problems. (We are currently arranging a meeting with local high school counselors for a more direct method of communication with them.)
2. Our few minority students, particularly the one Black, feel isolated, as indeed they are—larger numbers would promote security and enhance retention.

Special Activities

Recruitment: Special Service Personnel on campus had not even suggested nursing as a possible career when visiting area schools and/or speaking to minority groups! They do so now.

Retention: Faculty have been made aware of the special problems many of these students have, and are willing to put forth added effort and time in counseling and tutoring. This includes faculty in subjects other than nursing, also.

Curricular Revision: This has not been accomplished yet, except that all students now attend inservice discussions on various cultures, and cultural differences as well as similarities are brought out in appropriate modules, such as pediatrics, public health, etc. Of special interest in our area is the appreciation of the customs and values of the Shoshone-Bannock tribes, whose reservation surrounds Pocatello, and many of whom are our patients.

We are now awaiting university approval for new modular curriculum which will include self-pacing and content appropriate to the needs of minority people, plus individual attention for minority students.

MONTANA

School

Montana State University
School of Nursing
Bozeman, Montana 59715

Type of Program: B.S. and M.S. degrees
Former Director: Dr. Laura Walker
Acting Director: Ms. Sue Barkley
Faculty Participants: Ethel Nelson, Evelyn Self

Statistics

	Students				Faculty	
	B.S.		M.S.			
	Total	Minority	Total	Minority	Total	Minority
1971	474	10	21	0	20	0
1974	771	40	16	0	46	0

Special Activities

Recruitment and Retention: Five Indian recruiter/counselors are located on campus. They work recruiting and to prevent student dropouts.

Orientation programs held for students. Special help sessions for students with academic problems.

Utilization of minority members of community as resource persons.

Students who drop out for academic or other reasons can re-enter at various quarters rather than wait for 1 year.

Curriculum Change: Courses twice yearly.

School

Northern Montana College
Department of Health Related Studies
Havre, Montana 59501

Type of Program: Associate degree
Dean/Director: Ms. Helen Kiesling
Faculty Participants: Amy Black, Helen Kiesling

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	40	4	6	0
1974	94	5	9	0

Special Activities

Recruitment: Have been able to recruit more Indian students. Also, PN program curriculum recruits more than AD.

Counselors from surrounding areas including reservations are seeking information about nursing programs for better guidance into the programs.

Indian Health Service area office is working actively with campus toward counseling prospective Indian students interested in nurse training (professional). They are recognizing the AD program and promoting funding for students in this program now.

Retention: High attrition rate, but many are not "lost to nursing" but rather shifted into the PN program—retention in PN program much better.

Retention problems due to: (1) family and personal problems not resolved before entering program, (2)

lack of adequate science and/or communication skill background for college courses, and (3) cultural differences still noteworthy (they feel "different").

We now have campus-wide interest in Indian culture/students and with faculty committed to promoting Indian students' welfare and education, retention should improve.

Curricular Revision: We are currently working on curricular revision. It now allows for more flexibility in changing from one curriculum to another without penalty of time and at least retain many credits. We are working on the ladder concept from our PN to AD which is appealing to the Indian student—accomplishing one step and going forward to another—small successes, rather than a large failure, lead to more successes in accomplishing goals. LEGS in curriculum (introduced this year) and better AV and tutorial services have helped. We work closely on a one-to-one basis for minority students needing curricular help.

NEW MEXICO

School

University of New Mexico
College of Nursing
Albuquerque, New Mexico 87106

Type of Program: Baccalaureate degree
Dean: Dr. Louise Murray
Faculty Participants: Carol Burton, Gwen Gorman, Laura Martinez (Coordinator for Minority Students)

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1972	355	64	29	3.5
1974	230	76	35	5

Inhibiting Factors

1. Institutional racism and lack of any real policy-making power.
2. Lack of resources including minority faculty and finances. Seeking minority faculty.
3. Many students have deficiencies in academic skills but they are accentuated for minority students.
4. Not able to accommodate all students seeking nursing and simultaneously increase minority enrollment.
5. The state has a large minority population which is underrepresented in all areas of health.

Special Activities

Recruitment:

1. We are now coordinating with existing recruitment programs on campus and are getting referrals from the various ethnic studies, college enrichment, and medical school minority programs, and other students and organizations.
2. Communication has been established with various Indian pueblos and the Navajo reservation located near Cuba. We are trying to recruit an Indian faculty member but have had much difficulty in this endeavor.
3. Work with the National Chicano Health Organization.

Retention:

1. We started to work on retention last year but had to limit it to a few students since we had overextended resources. This year, we have expanded this aspect and are getting more cooperation from other sections of the college as well as tutoring programs such as Special Services.
2. Students who are enrolled in the College Enrichment Program get tutoring, financial aid, and supportive counseling while they are enrolled in the university at no cost to them. If the high school student qualifies for this service, we encourage him or her to apply during high school recruitment trips.
5. We have utilized medical, pharmacy, and nursing students to tutor and are finding that the medical students (minority) make excellent tutors in the basic sciences courses. They also encourage the nursing students to stay in school and do counseling as part of their tutoring. The same is true for the few nursing tutors that we have.

Curricular Revision:

1. A new curriculum is being developed. Self-pacing is an aim.
2. Occasionally, some guest speakers are brought in to discuss a particular ethnic view, but this is done only by a few instructors.
3. Students are encouraged to individualize their approach when working with patients of all races and this has been somewhat successful.
4. Two months ago, Laura Martinez met with concerned individuals from Chicano studies in the hope that they could institute a course primarily for minority students in the health sciences that would deal with barriers people face when they try to enter the health system. To date, it is still in the talking stages.

NEVADA

School

University of Nevada, Las Vegas
School of Nursing
Las Vegas, Nevada 89109

Type of Program: B.S. degree (formerly associate degree)
Dean/Director: Dr. MaryAnn Kedzuf
Faculty Participants: Vivian Lindenberg, Patricia Tilley, Mary Fitzgerald

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	67	12	11	0
1974	298	45	12	1

Special Features and Enabling Factors

1. Students are involved in various aspects of the program—representatives serve on all faculty committees.
2. With the modular concept, the students can select their own time for exams and have at least two opportunities to pass the exam. Different types of learning activities are available to meet an objective. Incompletes can be given and the student has a calendar year to complete the work. The university has adopted an "n" (no grade), rather than F, so the student is not penalized through grade points.

Inhibiting Factors

Recruitment: Limited because of available facilities and the large number of students.

Special Activities

Recruitment:

1. As result of project, a community advisory group is being formed and will probably effect recruitment.
2. Since there has been a backlog of students, active recruitment has not been carried out by the department.
3. A general recruitment program for all colleges is carried out on a university-wide basis; when a specific request was received from a school in the area, a faculty member has gone out to speak. In the future, there will be one person on the campus who will clear all requests.

Retention: A learning center has been established on a campus-wide basis.

Curricular Revision:

1. The curriculum was revised shortly after the project began, not as a result of the project, but as a result of faculty study and a change in philosophy. The modular, a self-pacing (success-oriented) concept was felt to be more advantageous for all students. This is an ongoing process as modular development and requires a great deal of work and refinement.
2. Minority information is continually being incorporated.
3. A minority source book has been established.

OREGON

School

Chemeketa Community College
Nursing Program
Salem, Oregon 97303

Type of Program: Associate degree
Dean/Director: Ms. Mary Duby Honderich
Faculty Participants: Shirley Shortridge, Hazel Stubbs

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	81	1	6	0
1974	104	3	8	0

Special Features and Enabling Factors

1. We have developed a Chemeketa Community College Cultural Affairs Committee for the Faculty Association.
2. Support of department chairman and division dean.
3. Cohesiveness of cluster group.
4. Response from community.
5. Sharing information within and among group members.
6. Student interest.

Inhibiting Factors

It is difficult to move as rapidly as project recommends in order to meet project goals for the following reasons: Faculty needs to be sensitized and has biases. Community's lack of acceptance of cultural differences. Lack of initial response of high school counselors.

Special Activities

The WCHEN project has had an impact on recruitment, retention, and curricular change in the following ways: Recruitment and retention has been enhanced in our work with the Chemawa Indian School. Project Outreach for Chemeketa Community College. People to People Committee. Special Services Consortium Program. Junior high and high school recruitment.

Retention: Hands On Project. Work with cluster group, which serves as catalyst for faculty through mutual interest, sharing of resources, human and material. Consultant services utilized through WCHEN.

Curricular Revision: Curricular changes have been implemented as a result of faculty growth through project influence. Over the past 3 years we have introduced curricular change by sequencing the nursing major courses so that students can enter at a variety of levels.

School

Portland Community College
Nursing Department
Portland, Oregon 97201

Type of Program: Associate degree
Director: Ms. Rose Christensen
Faculty Participants: Rose Christensen, Hazel Hale, Mariah Taylor (Coordinator for Minority Students)

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	200	30	17	2
1974	209	27	20	2

Special Activities

Recruitment:

1. More minority students in program.
2. High school counselors made aware of project.
3. Advisory committee for Portland Community College minority project.
4. College registrar (indirectly) and financial officer (directly) participating with project.
5. Involvement of some Black counselors in project via advisory committee.

6. Black outreach instructor in the community and in selected high schools.
7. Nurse faculty working closely with minority project participants re individual minority students' problems.

Retention:

1. Preparation of minority students for college. Preentry exposure to the realities of the nursing program for basic reading skills, writing skills, vocabulary—"survival" skills, nursing's value of time.
2. Tutors—developing study habits.
3. Test taking—learning from the mistakes made.
4. Goal setting—weekly class and study schedule.

Curricular Revision:

Phase I:

1. Growth and development, basic human needs from a multicultural point of view.
2. Major health problems from a multicultural point of view.
3. The influence of culture on self-concept and self-worth.
4. Individualized instruction and the independent learner—factors impeding independence.

Phase II: Community resources in Black, Chicano, and white communities—how to use them.

School

University of Oregon
School of Nursing
Portland, Oregon 97201

Type of Program: B.S. and M.S. degrees
Dean: Ms. Jean E. Boyle
Faculty Participants: Donna Schantz, Naomi Ballard

Statistics

	Students				Faculty	
	B.S.		M.S.			
	Total	Minority	Total	Minority	Total	Minority
1971	356	9	38	1	45	0
1974	493	14*	51	0	61†	2

* (not including 27 male students)
† (not including 2 males)

Special Activities

Recruitment:

1. Seeking ways to improve channels of communication with main campus counselor and freshman minority students.
2. The minority affairs counselor on the medical center campus is active in recruitment.
3. Spring 1974 visits planned to metropolitan high schools as an adjunct to regular high school-college relations programs.
4. Contacts have been made with Portland's Black community, with the Indian school at Chimewa, and with Indian students in the Coos Bay area.

Retention: Closely related to recruitment is our consortium grant proposal with Portland State University and the University of Oregon Medical and Dental Schools that has been submitted for approval. This grant provides for financial and academic support to recruited high school minority students involved in science courses at Portland State University that are prerequisites to entrance to the schools of nursing, medicine, and dentistry.

Other areas of retention include the development of tutorial services (faculty and/or senior students) on a one-to-one basis offered to any minority student needing academic assistance. This service has proven effective in helping students to maintain the required grade-point average. Three interested faculty and selected minority students have been established as the minority committee.

This year the senior class chose as their project activities devoted to the recruitment and follow-up retention of minority students in this program. Faculty counseling and guidance are assisting them in coordinating their efforts.

Curricular Revision: The minority faculty has diligently focused attention on the content and process to ensure that consideration of cultural differences is emphasized. Another development is the interest of one minority faculty member who is developing a teaching audio-video cassette program to help students understand "Cultural Correlation of Minority Groups during the Child-bearing Period." The first on "Hawaiian Culture" has been produced. The faculty has applied for state research funds to duplicate Native American, Mexican American, Black, and Chinese population groups.

UTAH

School

University of Utah
College of Nursing
Salt Lake City, Utah 84112

Type of Program: B.S. and M.S. degrees
Dean: Dr. Madeleine Leininger
Former Dean: Dr. Mildred Quinn
Faculty Participants: Sumiko Fujiki (1971-1973), Janice Hassel, Linda Saylor (Minority Student Coordinator)

Statistics

	Students				Faculty	
	Total	Minority	Total	Minority	Total	Minority
	B.S.		M.S.			
1971	217	12	NA	NA	33	3
1974	313	14	56	2	57	4

Special Activities

Recruitment: Outreach Committee formed before participation in the WICHE project. The group recruits for the School of Nursing.

Recruitment includes community involvement, coordination with campus center for ethnic affairs with participation in the University High School Services program (for statewide recruitment). Other cooperative recruitment efforts are made statewide and with the Chicano Mobile Institute on the university campus. The institute

and School of Nursing faculty sponsored a Chicano health careers seminar.

A Native American Health Careers seminar was co-sponsored with the Navajo Health Authority.

Minority student admissions are considered on an individual basis.

Retention: Focus on cultural awareness for students and faculty, a minority library, minority coordinator for individual planning, minority seminar pre-entry to nursing courses. Acceleration/deceleration is planned on an individual basis.

Curricular Revision: Psychosocial and cultural influences are included—curriculum changes include self-paced modules. A task force was created to explore the possibility of students beginning clinical courses before all of the prerequisites are satisfied.

School

Weber State College
Nursing Department
Ogden, Utah 84403

Type of Program: Associate degree
Director: Ms. Leola Davidson
Faculty Participants: Joyce Murray, Sonia Parker, Helen Farr (Coordinator for Minority Students)

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	118	5	12	1
1974	222	6	31	4

Special Features and Enabling Factors

1. Full cooperation of the nursing department chairman.
2. Recognition of the minority students' needs and a willingness to work to meet these needs on the part of the total faculty.

Inhibiting Factors

None stated.

Special Activities

Retention: Appointment of a member of the faculty specifically for tutoring and counseling of minority students.

Curricular Revision: Basic revisions made generally which will benefit all students as well as minority students. Inclusion of specific nursing care to meet minority patients' needs.

WASHINGTON

School

Everett Community College
Division of Nursing
Everett, Washington 98201

Type of Program: Associate degree
Dean/Director: Ms. Jeanne M. Irving
Faculty Participants: Eleanor Rich, Louise Uyeda

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	220	5	14	1
1974	247	8	16	1

Special Features and Enabling Factors

1. The cooperation of our nursing director to give us release time to attend WCHEN project meetings and to attend our cluster group meetings. Also, the use of school facilities and supplies to print materials to send to cluster group members and/or advisory, consulting, or resource persons interested in our project.
2. Our faculty has been supportive and willing to have us participate in this project and accept part of the responsibility to retain the minority students in our program.

Inhibiting Factors

In recruitment, our waiting list for the program has inhibited our activities to recruit minorities. Many or most of our students have been on campus one year prior to entering our program. Retention problems—due to fragmented programs designed to help them.

Special Activities

Recruitment: Our discussions with the Indian counselor on campus regarding the recruitment of more Indian students into nursing have resulted in the funding of 1 year of prenursing on campus prior to entering the nursing program to ensure greater success in the program due to lighter load. Also, discussions with the Chicano adult education instructor to inform her of admission and program requirements to better prepare possible students from this group.

Retention: Tutor programs and assignment to faculty advisors to provide individual help. On campus learning skills lab is available, and for Indian students paid tutor service is available. Small group sessions for learning, we feel, are an advantage for disadvantaged or minority students since competition within a large group is lessened.

Curricular Revision: Changing to somewhat self-pacing program has provided more time to work with those individuals who require more assistance from instructors. Still need to work in this area. We are trying to emphasize minority groups and cultural differences, but how effective this all is, is a question. I'm sure we can do more and hope this can be one of our future goals.

School

Inter-Collegiate Center for Nursing Education
Spokane, Washington 99204

Type of Program: Baccalaureate degree
Former Dean: Dr. Grace Deloughery
Acting Dean: Ms. Thelma Cleveland
Faculty Participants: Dorothy Gustafson (Coordinator for Minority Students), Sylvia Bennett

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	89	1	15	0
1974	344	10	41	1

Special Features and Enabling Factors

1. Capitation money has allowed a person to work on the project part time and spend the time required for travel and meetings on the four campuses. It also helped two students with travel money so they could work on the Indian reservation.
2. The support of the dean in our project has been most helpful.

Inhibiting Factors

1. The distance to the four campuses and the fact that we are isolated from them has made access to counselors, financial aid, nursing advisory, etc., most difficult.
2. The large numbers of new faculty who must be oriented to the project each year make assessment of commitment of the total faculty difficult.

Special Activities

Recruitment: At the start of the project, the minority recruiters on our largest campus were not even aware they had a nursing program in their curricula. Since we do not recruit here at the Center, I think the greatest progress has been in enlisting the cooperation of the campus people and educating them about nursing and its potential.

In our case, recruitment might include admission to the Center in the junior year. We have accepted all but one of the minority students who applied.

Retention: We are also dependent upon the campus nursing advisors for freshman- and sophomore-year students.

Once again, the progress is in the area of awareness of our interest and cooperation with the campus nursing departments and tutorial programs, etc.

Curricular Revision: The project is in progress during a time we are planning major curricular revision, which is giving us the opportunity to include ethnic content. Because of the project, the faculty is more aware of the need for inclusion.

School

Pacific Lutheran University
School of Nursing
Tacoma, Washington 98447

Type of Program: B.S. degree
Dean/Director: Dr. Doris G. Stucke
Faculty Participants: Fern Gough, Lois Bergerson, Luella Hefty

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	143	5	18	1
1974	238	14	20	1

Special Features and Enabling Factors

During spring semester 1973, faculty granted us permission to do a pilot study in which Nursing 255, Surgical Intervention, was taught, using the PSI (Personalized System of Instruction) method. In this method, the students go at their own pace. Students are to have 100 percent mastery; consequently, if they do not pass a test the first time, they are not penalized but may continue to repeat the test until 100 percent mastery is obtained. Unsatisfactory papers which are submitted are returned to be redone; the papers must receive a satisfactory grade and have met their objectives.

In the weekly general assembly sessions, we included needs of the minority people. A videotape was made and shown which included about five minority students on campus. A Black student on campus was included as one of the panel members; she discussed how she was or was not able to meet Maslow's hierarchy of needs.

An open-door policy was established in which students could "drop in." Several of the minority students periodically did take advantage of this opportunity.

All of the minority students contracted for a grade of "A," successfully met the course requirements, and received the "A" as their final grade.

We also were involved in the planning and implementing of a workshop in April 1973, at Seattle University, which was sponsored by the cluster group.

This past fall, we met occasionally with the minority affairs coordinator of Pacific Lutheran University.

Curricular Revision: Since the project began, there has been a greater awareness (especially on the part of faculty involved) in curricular development, of special needs of minority students and of minority clients. The special needs recognized have been in the areas of nutrition, personal care (i.e., hair care), cultural differences, and communication barriers.

By including more minority clients in the nursing experiences of our students, we feel we have dealt with the responsibility of helping students understand these special needs. Faculty awareness of minority needs and concern has thus resulted in the implementation of these factors into our new curriculum.

School

Seattle Central Community College
Nursing Program
Seattle, Washington 98122

Type of Program: Associate degree
Dean/Director: Ms. Sharon Stewart
Faculty Participants: Thelma Pegues, Sharon Stewart

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	32	17	3	1
1974	48	25	4	2

Special Features and Enabling Factors

Commitment of faculty.

Inhibiting Factors

1. With the loss of outside funding resources, we

have lost faculty positions which the college is unable to replace.

2. Multiple grievances filed by students during curriculum revision, because they had difficulty working independently following a nonstructural classroom situation (self-pace). The students are unable to attain adequate financing so that they can stop work and devote full time to studying.
3. Noncontractual arrangement with community agencies so that the agencies feel no real commitment to the college and will cancel the use of their facilities two weeks ahead and/or reschedule the students without contacting the college.
   Difficult to find and maintain clinical facilities because we are the youngest and smallest program in the Seattle-King County area and older schools have usurped the best days, times, and agencies.

Special Activities

Recruitment: The project called attention to various geographical communities, schools of nursing and employing institutions where the number of prepared minority practitioners was disproportionate to the total number of nonminority population. The project assisted in establishing more favorable consideration in admission criteria so as to increase minority enrollment in nursing schools.

Retention: Gave support to the learning approaches currently being utilized within the program. Also became aware of on campus available developmental learning center, special counseling, etc., and tried to secure these services for our students. This hopefully resulted in a higher recognition from them to the nursing program's unusual capabilities of teaching and retaining students.

Curricular Revision: Again, the curriculum has been very flexible, incorporating the knowledge and experiences of the student in the classroom discussion, utilizing various agencies located in the student's community as learning facilities, thereby enhancing their role and self-concepts. Appointing graduates from this institution on our advisory committee. Sharing and comparing our educational process with neighboring colleges and universities in Washington State.

School

Seattle University
School of Nursing
Seattle, Washington 98105

Type of Program: Baccalaureate degree
Dean/Director: Dr. Eileen Ridgeway
Faculty Participant: Rosario de Gracia

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	-	14	18	4
1974	282	22	19	4

Special Features and Enabling Factors

1. Presence of an Office of Minority Affairs, established September 1969, whose chief concern is the educational successes of its students.
2. Existence of the Special Services Program for Disadvantaged Students.
3. Active recruitment of minority students by the Office of Minority Affairs to attend Seattle University.
4. Availability of minority student counselors and dorm counselors.
5. Existence of minority student organizations.
6. Availability of a multicultural center. This center for noncurricular activities houses student organizations and serves as a facility where the minority students can implement their pertinent activities and exhibit aesthetic achievements in the living arts of their respective groups.
7. Sincere efforts by some members of the School of Nursing faculty to help minority students in their areas of difficulty, giving generously of their time and efforts.

Inhibiting Factors

1. Existence of priorities to which faculty energies have to be channeled, such as federally funded curricular projects. In addition to teaching loads, faculty have various committee appointments and other related assignments.
2. Inability to increase student enrollment due to the budget limitations on the number of faculty within the School of Nursing.

Special Activities

Recruitment: Our Office of Minority Affairs is taking charge of recruiting minorities for the total university.

Retention: Aid and encouragement is given the disadvantaged students through the Minority Affairs office; however, students should feel the need and seek it out—they can't be compelled to do so if they don't want to.

Curricular Revision: Our new curriculum will most certainly include content relevant to minorities.

School

University of Washington
School of Nursing
Seattle, Washington 98105

Type of Program: B.S. and graduate degrees
Former Dean: Dr. Madeleine Leininger
Acting Dean: Dr. Dorothy Crowley

Faculty Participants: Oliver Osborne (1971-1972), Vivian Wolf (1971-1972), Alma Ware (1972-1973), Mary Bush, Myrna Aavedal, Maxine Haynes (Coordinator for Minority Students)

Statistics

	Students				Faculty	
	B.S.		M.S. and Post-M.S.			
	Total	Minority	Total	Minority	Total	Minority
1971	705	54	166	9	104	5
1974	898	112	166	26	131	5

Special Features and Enabling Factors

1. WICHE project participants are now co-chairmen of Minority Affairs Committee. This has increased

support of project and coordination of efforts. This has been true only past year.

2. Minority student coordinators—involvement of Maxine Haynes and Frances Briscoe from undergraduate advisory office has increased student communication. They have influenced others in the office to become involved with minority student concerns.

Inhibiting Factors

1. Turnover of participants not conducive to long-range planning.
2. Present participants of low academic rank and not in highly influential positions.
3. Large number of existing programs in health sciences and on upper campus—difficult to communicate, coordinate efforts. Bureaucracy!

Special Activities

Much of the recruitment of minority students into health sciences is carried out through Health Sciences Minority Affair. Office (Luther Strong, director).

Retention:

1. Cluster group workshop of retention well attended by U. of Washington faculty.
2. Appointment of Maxine Haynes as minority counselor, informal tutoring network in operation, formal program of pre-entry skills improvement under discussion and planning. Undergraduate advising office involved in M.A. Committee.
3. Committee facilitating student "social" get-together each quarter—good participation, "group cohesiveness" emerging.

Curricular Revision:

1. Seminar series initiated by M.A. committee for faculty—focuses on needs of minority patients and students. Successful and well attended so far—hopefully, content will be incorporated into classroom situation.
2. Development of AV teaching materials for new curriculum (just getting underway, individual faculty projects).

WYOMING

School

University of Wyoming
College of Nursing
Laramie, Wyoming 82070

Type of Program: Baccalaureate degree
Former Acting Dean: Ms. Dorothy Tupper
Dean: Dr. Marion Schrum
Faculty Participants: Britta Stamy (1971-1973), Beverly McDermott, Barbara Goetz

Statistics

	Students		Faculty	
	Total	Minority	Total	Minority
1971	158	5	15	0
1974	231	8	22	0

Special Features and Enabling Factors

1. Minority Affairs Committee formed.
2. Faculty are more aware of minority needs and are looking at curricular revision related to minority students.
3. The dean is seeking an ethnic minority faculty member to fill combined position for faculty/minority student coordinator.

Special Activities

Recruitment: Visits to high schools and Indian reservations. Coordinator with Project Breakthrough of the National Student Nurse Association.

Retention and Curricular Revision: Modular curriculum promotes retention.

B. INTERVIEWS WITH FACULTY PARTICIPANTS

Project Consultant Mildred Walter interviewed eight faculty participants during the final project workshop in May 1974. She was interested in knowing if anything in their past experiences contributed to their commitment to project goals. Interviews represented a cross section of schools and ethnic backgrounds.

The interviewer noted evidence of personal growth on the part of the faculty in contrast to the usual situation when the accomplishments of students and others is given as evidence of success. The interviews have been summarized as follows:

Question: When you heard about the project, had you been involved at all in working for minority people?

Answer: I can't remember the date, but I remember it was the time of Martin Luther King's death, that I finally decided that I personally should do something and began to think about what I would do. Before the project started I did some tutoring in Seattle central area. I worked with another faculty member. We tried to start a nursing club for minority students in the central area that sort of flopped. We really didn't quite know how to go about it and so forth, and I think that some prejudice got built into it. At that time we weren't too sensitive to it. Before the project started, I was beginning to be concerned about our white nursing students and their sensitivity and so forth. We talked a little bit in class about prejudice and tried to get to student attitudes about prejudice. I remember doing this for a couple of years. I felt no support from any kind of a group other than the reading I was doing on my own. I went to a workshop in Portland that was given by the Urban League. But I don't think we would have used that experience to do anything serious at school.

Question: You were ready to get involved in something like this. Do you feel that your attitudes have changed in any way since you have been working in the project? Have your attitudes about minorities really changed? And if so, in what way?

Answer: I have to think about that for a minute. I think I've grown in understanding. In each workshop, I think I pick up little bits of information I can put together now. Often there are things that are repeated, and I'm

beginning to learn these different ideas and different things that minorities say that make me more aware of how we transmit the feelings of prejudice. I certainly learned a lot more about techniques, about recruitment and all these things. I've just gotten a lot of ideas about what we need to do and what we should be doing, although I haven't implemented as many as I should. My division chairman knew I was interested, and one day she came and said, "there's this thing that you might be interested in"—that's how I got in the project.

Question: Do you think your school could have made the initial step without this project?

Answer: I doubt that we would have, particularly because I felt no support until another faculty member joined. Although I don't know that I can see anybody other than me who shows a real commitment to it, I think our faculty is changing a little bit. As a group, they're more receptive, now, instead of the ethnic jokes. There are just little subtle changes. Also, I think that the other thing is that when a minority student who has a problem will immediately say or even other faculty members will now say, "Well, you know, we've got to look at this. She's one of your minority students, and is this something that we need to do?" and there have been efforts made to help them, more so than there have been in the past.

Question: Just one final thing. It is said that when minorities are accepted into programs the outcome will be enrichment. How do you feel about that?

Answer: I agree very much. Sometimes I almost feel guilty because what I've gained for myself I haven't been able to transmit to the extent that I would like to. I just couldn't say how much enrichment it has been. Because it really has been personal; just the friendship, like the cluster group; it's really neat. If nothing else, the people involved.

Question: You've been with the project since the beginning?

Answer: Yes, I consulted on the very first conference in 1971 in San Diego. And, I have some ambivalent responses to the questions as to how much attitudinal change we've seen, how much actual change, as opposed to intuitively what I feel has been planted. We have not yet had the opportunity to reap the harvest. Unfortunately, it is not something that is measurable at this point. I can only go from my intuitive framework and then I can respond from that. First of all, this has been the very best conference of all the ones that I have been to. It seemed that there was a time together of a lot of information and the final coming together of a group of people who certainly have demonstrated an interest and are starting to feel that they do have some power toward making change. This is not an ideal time of year for nursing instructors to meet. So, for me to see this many nursing instructors away from their commitments to their schools and what have you, there's definitely an interest that has been generated, and I think some things are going to start to change. It's going to be just like any other situation; I can relate it very easily to the Black church. There are as many denominations and offshoots in nursing, in terms of approaches to teaching, as there are in the church. So change is going to be different. It's going to come differently for different people in different geographical areas.

Question: Do you feel that the difference in this conference might be that people are now beginning to sense what it is that they want to do in relation to including minorities and recruiting minorities, that they have passed over that initial fear?

Answer: For one thing, from my own standpoint, I'm here as a participant this time, which to me is very significant, because my primary function, as I see it throughout the years that I've worked for the project, was to deal with process. I didn't have that much to offer in terms of content. That was my function, to deal with process, and for me to be able to come as a participant and not really have to worry about the process of other participants means to me that we have gotten over at least a part of that step. Now people are coming to get information to take back to do some things with, rather than having to work through their own process about what is happening, why we're here, who are the minorities, why are they defined that way, and that kind of thing.

Question: Do you feel that this program changed anything?

Answer: I still feel frustration because the same things still happen. I feel the frustration for the kids that come. Every year I get two or three or four advisees, new students, minority students—Black, Chicano—coming to the program. They are vivacious and look like they have tremendous potential, and they don't make it. They drop out.

Question: Why? Do you think it has to do with the curriculum? Does it have to do with the attitude of the staff? What is it?

Answer: I think that it is probably an individual thing for each person.

Question: It's primarily the students, then?

Answer: No, it's not primarily the students. I think it's the system. The kinds of things we have to offer, in terms of remedial programs, are not adequate.

Question: Has this project, the project on recruitment, retention, and curriculum change, affected faculty at all in relationship with minority students?

Answer: It has affected our program in terms of the many changes that it has had on faculty. In our particular school the faculty are more willing to accept students, take them on, and work with them than they were previously. The problem is that we have not been able to affect the whole university because we rely on the university for the support we require in the nursing department. When our school joined the project, the community was very disenchanted because we did not have minority nurses. They were graduating one or two a year, and that was a big problem in a state where over half

the state's population is minority. But a lot of things were happening, the different grass-roots organizations were getting together; the medical students and some of the nursing students made demands at the medical school and that created a big uproar. We wanted to see what we could do to facilitate the movement of students into the program. I figured that strategically it was more important to go to the university and try to get more students; that we could increase our pool. I would just have to give up some of the things that I wanted to do to accomplish this goal until we had more students. Once they would get involved they could pick up the ball afterward. I was very fortunate in that when I went, the faculty was reacting to the demands and all this other stuff, and they voted in a way very naively, but it turned out well . . . for the program. This goal would increase their representation of assumed population to the state's population, which means half minority. So the first year we had a problem in that the school had more students than it was able to accommodate. So in September when the students came to take nursing, we had to select the students and some of them were very upset. That was the same time that we were going to try to increase our enrollment of minority students. So we had to.

Question: What effect has this project had?

Answer: Let me first start by giving my impressions as I see them for all of the participants. When we first started, I was kind of pessimistic, especially since we were only going to be basically with white folks and we have history to tell us that they're really not that concerned about us, and they would rather exploit us and we're just a thorn in their sides. After the first workshop, I think that a lot of them were really, really defensive. Also, a lot of them were—how can I put it—they weren't really ready to say that there was a problem of underrepresentation. They were very guarded with their feelings, etc. I don't think that we've come to the stage of curriculum development yet because that is just very, very minute, but judging from the first conference and this conference, from the reports of the cluster groups, I think that more than half of them are a lot more honest about what they've done or what they haven't done.

I think that the majority of them were very naive about how they were going to do it. When they went to the first workshop they thought, "Wow, we're going to go out and recruit and blah, blah, blah," and they really didn't know what to do. They wanted ABC answers and they were kind of disappointed when they didn't get ABC answers because you can't give ABC answers for how you do these things. You have to *learn by doing them*, but they are so programmed to get instructions and doing step-by-step thinking that that's what they wanted. Devise an application form the first day of school. We were very liberal. Any student who had met the minimum requirements and had most of the prerequisites, if they were minorities, got in. I got on the admissions committee because I was a key; I had to teach part time and write a proposal the first year to see if we could get money so that I could do this on a full-time basis. It has ended up being two full-time jobs. But, that was okay, too, because it has to be done. The project has been very helpful in giving ideas, recruitment, and retention. We've only begun to scratch the surface with curriculum change. I contend that, as we get more students in (when I say a lot of students, I mean 60, 70, 100 students), hopefully the students will begin to speak up and say, "Why isn't this thing in the curriculum? When I was growing up this was how we did it," and you have a good interchange with them and some of them have begun to challenge the faculty. When they're talking about how Indians believe, the Indian students will say, "Now wait a minute. That's not it."

Question: What about your own personal feeling about this project?

Answer: That has been interesting. I feel that I've been fortunate because I've gotten all the input. I have been able to see where people come from. The kind of things that whitey does to protect himself about thinking about those things. Of where we put people and this kind of thing, and to me that has been tremendous education. To really understand people's gut-level reaction to how people were putting you where you were. Very revealing.

Question: How did you get involved in this project?

Answer: Before I came to work in Utah, I was involved with the Job Corps. That's when I first began to realize the inequities for minorities, and then when I came to the nursing faculty, they were going to form a committee. This was from pressure from the federal government. I volunteered for the committee and we had just barely got started and then we were asked to participate in the project. It was a great help as far as that was concerned.

Question: Do you notice any changes that have come about in your faculty or with people that you work with since you've been working in this project?

Answer: Yes, I think that some of the faculty have changed, especially me. I think that many of the faculty had closed minds about it and just would not hear about it; they didn't want anything to do with it. Then, we got involved with it and got some minorities recruited. Now they are saying we really need some help in knowing how to handle these kinds of things. So, I think this is a real good sign.

Question: If minorities are equally admitted into the nursing program, do you feel it will enrich your program?

Answer: Oh yes. I don't care if they're equally admitted or just one is admitted into the program because people are learning about different cultures and things like this that they haven't had before. It's enriching to associate with people of different backgrounds.

Question: Do you notice any difference in the approach in your program since you've had minorities?

Answer: Yes; what has been beneficial for the minority student has been beneficial for the majority, too. We have decelerated some of them and the majority students too.

Miscellaneous Comments from the Group Interviewed in May 1974

Faculty Respondent: A lot of Black and other minority students have had to deal with majority people all along. They know both cultures. They're bicultural, and whites quite often have not had that experience of knowing two cultures.

Faculty Respondent: There was a kind of a fear, because I had an absolutely white background, that maybe I was going to be saying the wrong thing and doing the wrong thing; I did find that everything I was doing and saying was not all wrong, but I think it made me aware of what's going on. And it certainly has increased my admiration for what minority nurses are trying to do. In Spokane we found, we have one or two Black nurses, one or two Indian nurses, and that's about it. And no Chicano nurses. So the part of what we're trying to do is, we feel, going to be more of a long-term thing, maybe, in that when we increase our numbers of minority students and get them out in the community, that they're going to be the ones who are going to have the opportunity to do the kinds of things that people are doing here.

Faculty Respondent: Our Black instructor and I had to carry it all. She refuses to do it all. She gives us support and we give her support.

Faculty Respondent: The one instructor that works with me on my team has said, "Well, if there's one thing that I've gotten out of this project, it is learning about where people come from, what the problems are they face in getting into school." She's from upper Michigan. She said, "I'm the type who always thought you can do it if you try. I have begun to realize that, for some of these people, they have to have some help or they aren't even given a chance to try. I have learned that there are all kinds of other barriers that I never had." It's really very interesting to hear her talk about this, and she didn't have the opportunities that we've had in attending project workshops.

Faculty Respondent: I've had a very difficult time with my own feelings. I feel that I can't really speak for the minorities but somebody's got to do it until we get minorities in to speak for themselves.

PAPERS PRESENTED AT WORKSHOPS AND CLUSTER GROUP WORK SESSIONS

The Challenge of Racial Balance in Public Education*

Charles Z. Smith, LL.B.
Associate Dean
University of Washington Law School
(Former Judge, King County Superior Court)

Public education in the United States has not always been a concern of the courts—at least as it relates to the rights of persons of minority groups to enjoy its benefits.

It is a matter of history, of course, that only since 1954 and the procrastination which followed has the public actually been concerned with the question of equality of educational opportunity. It was on May 28, 1954, that the United States Supreme Court handed down the decision in *Brown v. Board of Education*, which declared that public education must be made available to all children and that the doctrine of "separate but equal" announced by the court in *Plessy v. Ferguson* in 1896 was no longer the law of the land.

It is somewhat ironic that the facts of both *Plessy v. Ferguson* and *Brown v. Board of Education* were only indirectly related to the principles for which they stood. That is to say that each case had consequences reaching far beyond the simple facts.

In *Plessy v. Ferguson*, the case which came to represent the legal excuse for segregation in the American way of life, a Louisiana citizen of one-eighth African blood was convicted of boarding a railroad coach reserved for whites. The United States Supreme Court, in upholding the conviction, ruled that "a statute which merely implies a legal distinction between the white and colored races . . . has no tendency to destroy the legal equality of the two races, or re-establish a state of involuntary servitude."

The dissenting opinion in *Plessy v. Ferguson*, which was to be echoed by the majority in the *Brown* case fifty-eight years later, is frequently cited as a true expression of the dynamics of democracy. Mr. Justice Harlan in his dissent said:

> *. . . in view of the Constitution, in the eye of the law, there is in this country no superior, dominant, ruling class of citizens. There is no caste here. Our Constitution is color-blind, and neither knows nor tolerates classes among citizens. In respect of civil rights, all citizens are equal before the law.*

Although there were many court decisions relating to education (particularly in higher education) in the interim, it was not until the so-called "Education Cases" in 1954 that a true impact was made on the social and institutional system of America.

The Supreme Court in its opinion in *Brown v. Board of Education*, 347 U. S. 483 (1954), Mr. Justice Warren, speaking for the unanimous court, stated:

> *In the field of public education the doctrine of "separate but equal" has no place. Separate educational facilities are inherently unequal. Therefore, we hold that the plaintiffs and others similarly situated . . . are . . . deprived of the equal protection of the laws guaranteed by the Fourteenth Amendment.*

Although the "Education Cases" related to school segregation, they set the pace for court decisions in all other areas of community concern.

It was determined a year later that the court's directions to desegregate public school districts was not being followed. This resulted in the now-famous direction from the Supreme Court on May 31, 1955, that the procedure for accomplishing complete desegregation in public schools must be accomplished with "all deliberate speed" (*Brown v. Board of Education*, 349 U.S. 294 (1955)).

While some strides have been made throughout the United States in desegregation in public education, the result is far from accomplished. Even in "enlightened" areas of geographical regions not directly involved in legally enforced segregation in education, there are still problems attendant to accomplishment of desegregation.

A good example is our Northwest city of Seattle where segregated schools developed not because of laws requiring it, but despite laws which actually would have prevented it. The Seattle School District just a few days ago announced its plans for desegregation of the Seattle schools.

*Presented at the Western Washington Cluster Group Work Session, Seattle, Washington, April 13, 1973.

Thus it is that, notwithstanding the court's mandate in 1954 and its further direction to accomplish desegregation "with all deliberate speed" in 1955, public schools at all levels are still segregated throughout the United States.

If there is any encouraging sign, it is that while the primary objective of the "Education Cases" to accomplish equal educational opportunity for all children has not yet become a reality, the cases have nevertheless caused a change in the thinking of America. There are more of us committed to affirmative inclusion of all our citizens in our day-to-day activities than a few years ago. Private schools and colleges, although not necessarily included in the mandate for desegregation (except to the extent that they may now participate in certain federal funding which requires affirmative compliance with equal opportunity guidelines) have taken the lead and have accepted the attitude of desegregation with more visibility than many public schools and colleges.

The development of principles of fairness in the opportunity for education is not an abrupt development in the law between *Plessy v. Ferguson* and the Education Cases in 1954. The United States Supreme Court had begun as early as 1936 to point the way to educational opportunity for all persons.

Ironically, it was the state of Maryland—a so-called "border" state—which made the first significant education ruling. In 1936 the Court of Appeals of the state of Maryland ruled that it was a denial of equal protection of the laws for the state of Maryland to deny admission to its state law school of a person solely because of his race, even though "out-of-state tuition scholarships" were available.

The phenomenon of "out-of-state tuition scholarships" was an ingenious device to prolong segregated education in the southern and border states. It was rather expensive for the states providing it, but nevertheless was a cheap price to pay for the privilege of racial discrimination. A black student who was not eligible to attend a white state college or university solely because of race—as was the custom and law in most states—could enroll in whatever school would accept him in another state. If the curriculum offered at the out-of-state school was *not offered at the black college* in his home state, but *was offered at the white college* in his home state, then the state would pay the *difference* between his tuition at the out-of-state school and at the state school he was prevented from attending. Sometimes, a transportation allowance was made. In most cases, however, there was an upper limit on the amount payable so that the black student required to leave the state to get an education usually came out on the losing end financially.

Thus it was that the University of Maryland Law School was required to admit Donald Murray, a black student, since it was the only law school maintained by the state of Maryland (*Pearson v. Murray*, 182 Atl. 590 (Maryland 1936)).

In 1938 the United States Supreme Court, citing the Maryland case with approval, stated that out-of-state tuition scholarships were not a substitute for equal treatment in the state. The court directed the state of Missouri either to admit Lloyd Gaines to its law school at the University of Missouri or supply him and other qualified black Missourians with a law school of their own (*Missouri ex rel. Gaines v. Canada*, 305 U. S. 337 (1938)). This, of course, was still under the old "separate but equal" doctrine of *Plessy v. Ferguson*.

The state of Missouri hastily set up a law school for blacks at the existing black college. While action was pending to require the state of Missouri to prove to the Supreme Court that the facilities set up were equal to those at the University of Missouri, Lloyd Gaines mysteriously disappeared from his room at the YMCA. He has not been seen since.

Another case in Missouri resulted in the establishment of a school of journalism for blacks at Jefferson City when Lucile Bluford was not permitted to register for study toward a master's degree in journalism at the University of Missouri.

In 1948 the Supreme Court ruled that education for blacks within the state had to be offered at the same time it was offered or provided for any other group (*Sipuel v. Board of Regents*, 332 U. S. (1948)). Thus the University of Oklahoma was required to admit Miss Ada Lois Sipuel, a black woman, to its law school.

In 1950 the Supreme Court ruled that a separate black professional school (Texas Southern University School of Law) could not be equal to the established professional school for whites (University of Texas School of Law) because of factors incapable of objective measurement, such as reputation of the faculty, the position of influence of alumni, the community standing of the school, and the opportunity for interchange of ideas and discussion with fellow students of various backgrounds (*Sweatt v. Painter*, 339 U. S. 629 (1950)).

The same year the Supreme Court also found that requiring a black graduate student at the University of Oklahoma to occupy separate classroom seats and library and cafeteria tables were restrictions which impaired and inhibited his ability to study, to engage in discussions and exchange views with other students, and, in general, to learn his profession. This, said the court, was a violation of the Fourteenth Amendment (*McLaurin v. Oklahoma State Regents*, 339 U. S. 637 (1950)).

In 1957 the Governor of Arkansas (Orval Faubus) called out the National Guard to block the orderly admission of black students to Central High School at Little Rock pursuant to court order. The Attorney General obtained a restraining order against the governor which was upheld on appeal (*Faubus v. United States*, 254 F. (2d) 797 (8 Cir. 1958)).

The U. S. Attorney General in 1962, after the decision in *Meredith v. Fair*, 305 F. (2d) 343 (3 Cir. 1962), cert. denied 371 U. S. 828 (1962), directed United States marshals to implement the orders of the court in admitting James Meredith to the University of Mississippi.

Then, of course, there was the celebrated case of the Governor of Alabama, George Wallace, "standing at the schoolhouse door" to prevent the entry of James Hood

and Vivian Malone to the University of Alabama. Can we hardly forget the earlier tragedy of Miss Autherine Lucy, who had been admitted to the University of Alabama but had been expelled from the university for criticizing the administration of the university for not treating her fairly!

Now in 1973 most of the state colleges of higher education which were legally segregated are legally desegregated. The doctrine of separate but equal is no longer being used as an excuse to deprive blacks of the opportunity to get an education. In fact, the states are beginning now to realize that it is not economically sound to maintain two separate school systems and that one good school system for all students is economically more sound.

Today we face a new challenge. The dilemma now is not whether schools shall *exclude* and how exclusion can be accomplished, but the question is instead how schools can *include* and how affirmative inclusion can be accomplished.

Education today is fighting for its integrity and its survival in a rapidly changing society. We have been blinded by self-perpetuating myths which have tended to stifle creativity and innovation in education. We have so emphasized supposed intellectual development and achievement in the form of high scores on formalistic tests that persons who do not fit into the neat little slots some well-meaning "educator" had created for them are systematically discouraged and pushed down the ladder to underachievement, disillusionment, and educational putrefaction.

In a democracy such as ours, we take it very much for granted that all persons in our great nation are the beneficiaries of those commendable assurances of our Declaration of Independence: life, liberty, and the pursuit of happiness. While perhaps life and liberty enjoy a form of legal protection, there is no such protection afforded the pursuit of happiness.

It is inherent in our concept of free private enterprise that every man has the potential for rising above his origins to achieve whatever he chooses, limited only by his intelligence. This is in essence the great American dream. Simply stated, it is this: in the United States of America, every child can grow up to be whatever he wants to be if only he tries hard enough.

Unfortunately, however, the American dream is not always consistent with reality. If we speak truthfully, we must admit that, regardless how hard many persons try, they are unable to fulfill their dream. If we speak truthfully, we must admit that our usual devices for determining "intelligence" fall short of accuracy. The victims of this twist on the American dream are most often the disadvantaged: persons handicapped by poverty, prejudice, ignorance, illiteracy, and systematic bureaucratic dehumanization.

While we cannot here assert that any form of education is itself the answer to the American dream, we can maintain that stimulating, creative, imaginative, and "humanized" approaches to education can make more possible the realization of that dream.

The Vice President of the United States, in a public utterance a few years ago, called upon colleges and universities to develop an "intellectual aristocracy." While all of us would agree that this is certainly a most desirable goal in a sense, it is totally un-American when it further insists that this be done by restricting opportunities for persons of minority races and other disadvantaged groups to acquire the intellectual experience of a college education which heretofore has been denied them because of economic circumstance, place of birth, ethnic origin, rigid and unrealistic measures of ability, and an inadequate educational system.

I am encouraged by our younger generation—some of whom may be characterized as gifted or intellectual—others of whom may be characterized as fairly ordinary. As I get the message from our youth, it is that a person's value to society is not measured by any irrelevant circumstance (race, sex, economic condition, standardized test scores, or even success in the "examination" game), but by his status as a dignified human individual and by his contribution to the advancement of our civilization.

We who are engaged in the educational process are now taking a new look at what we have been doing under the guise of maintaining "quality" in education. We have tended in the past to develop "ivory towers" of pseudo-intellectualism and have tended to exclude the very persons who could make the educational process real and who themselves could be brought into the mainstream of our society.

In particular, we have systematically or otherwise deprived persons of minority races of the opportunity to acquire an education which would actually strengthen their economic position and thus increase our Gross National Product—the money standard by which prosperity in America is determined.

We must sensitively expand our awareness of minority persons in our society. We cannot any longer think simply of the blacks as a minority. Women are a minority—although men are a minority in the nursing profession. Blacks are a minority. Chicanos are a minority. Native Americans are a minority. Asians are several minorities (Japanese, Chinese, and Filipino). Sharecroppers are a minority. Migrant workers are a minority. We must be committed to providing equal educational opportunity for all of these.

The Ford Foundation has pointed out, in its 1972 report, that although the national black enrollment in colleges more than doubled between 1960 and 1970, the black proportion of total collegiate enrollment is less than half of the 11.5 percent black proportion of society as a whole. Taking cognizance of other minorities in higher education (Chicanos, Native Americans), the foundation's report states:

> *. . . If the four minority groups are to achieve numerical "parity" with others on U. S. campuses, the enrollment of Black Americans would have to increase by about 116 percent, that of Mexican Americans by 330 percent, Puerto Ricans by 225 percent, and American Indians by 650 percent. These groups are even more under-represented on faculties and administration staffs.*

As the language of the Ford Foundation report indicates, there is some risk in addressing ourselves appropriately to the concept of minority without unintentional exclusion and without use of out-of-date references.

I favor—instead of reference to minorities as such—the designation of the educationally deprived student as the "risk student," the reference used by Nursing Education Opportunities in its syllabus "Open the Door to Nursing Education."

The intelligent approach taken by Ms. E. Lorraine Baugh, author of the document, constitutes good advice to all of us in higher education.

In answering the question, Who is the risk student? the report states:

> *At the outset, one must recognize the various reasons for placing a student in the risk category. First, there are those with an* inadequate or inappropriate secondary education *which laid the foundation for such problems as the inability to read, understand or communicate well in their own language; the inability to think quantitatively; and a poor foundation in the sciences.*
>
> *Second, many students, often because of* poor and/ biased counseling *by high school guidance personnel or because of late career choice decisions, are in the business education curriculum. Frequently, they, too, exhibit deficiencies in reading and communication skills and a poor understanding of basic mathematics. Thus, a substantial number of these people have been and are being penalized because of inadequate vocational counseling.*
>
> *The third type of student who may fit into this category is the older individual who is a* school dropout or who has had his educational process interrupted *for a period of years.*
>
> *Fourth is the foreign-born student or anyone who uses* English as a second language. *Regardless of the number of years they may have lived in the United States, these students have great difficulty in expressing themselves in verbal and written English. This is further complicated by their unfamiliarity with our idiomatic usages of the language. Since these students must often translate from English into their own languages, interpret the data received, retranslate into English and only then record the information, the process takes so long that note-taking and test-taking become interminable, tedious chores, in which the lack of language skills spells the difference between success and failure.*

Ms. Baugh further states that anyone classified as a risk student must be considered on an individual basis, although one must consider that individual's interest, motivation, initiative and seriousness of purpose.

Perhaps my own biases are reflected at this point, but I strongly feel that once it is determined that a particular individual has interest, motivation, initiative, and seriousness of purpose, we must then be concerned with the necessary tools of survival in any collegiate program: the ability to read and write (and sometimes speak) the English language.

I have read so many well-meaning special admissions programs which have actually programmed "risk" students to failure by righteously assuming that admission of itself was the solution to all the problems.

Once we have determined that a "risk" student should be admitted, we who have institutional responsibility must also be committed to making it possible for that student to survive in the educational system. Perhaps part of the answer lies in remediation and perhaps part of the answer lies only in personal counseling and encouragement.

We must be prepared for failure. But success is not guaranteed in any other endeavor. So we should not give up a noble effort because it does not insure perfect results. However, the more we try and the more we operate in good faith, we are bound to have some successes which will make the entire effort worthwhile.

I close with the words of Robert F. Kennedy from his book, *The Pursuit of Justice:*

> *As long as a single man may try, any unjustifiable barrier against his efforts is a barrier against mankind.*

Systems Maintenance and Social Change: Problems in the Recruitment and Retention of Minorities in Nursing*

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I wish to thank the members of the workshop committee, particularly Professors Schantz and Ballard, for inviting me to participate in this program.

As you know, our goals here today are to:

1. Identify socio-cultural factors that may inhibit or promote learning for minority students.
2. Identify aspects of the educational system that may inhibit or promote learning for the minority student.
3. Discuss with representatives of minority groups the impact of these factors and attitudes upon the individual and the social group.
4. Make a commitment to use the knowledge gained in this workshop to promote learning for minority students.

I presume my task is to discuss the first two objectives, thereby providing some themes for our further interactions. Although the emphasis of these objectives is upon the retention of minorities in nursing, I shall include in my remarks my thoughts about the recruitment of disadvantaged people to nursing. I believe that the number of minority nurses in the profession is too miniscule to permit neglect of this important issue. And, as a male, I believe it is important to include the recruitment and retention of males in nursing as an aspect of our deliberations upon the problems of minorities in the profession.

Indeed, the real problem is the plight of all minorities in nursing—those who do not fit the highly elaborated, yet oversimplified stereotype of the nurse as a white, Anglo-Saxon, middle-class young female, and nursing as a white, middle-class female profession. This image pervades magazines, paperback books, comic books, and television. It communicates ideas that nurses tend to be action oriented rather than analytical; passive, but at times extremely hostile. They protect doctors, and their relationships with medical practitioners often seem more important than their responsibilities to patients. They work in hospitals and are most often seen at the nurses' station. Images of the nurse also contain such elements as service, hope, cleanliness, beauty, and comfort. And we still have not radically reoriented the image of the nurse from that of handmaiden to the doctor.

Most of these images of the nurse are absolutely correct. And, we in the nursing profession give substantial support to the narrow public image of the nurse. Decade after decade we include pictures of our idealized, young, starry-eyed white females in many of our journals, recruitment literature, and even our textbooks. In a recent issue of the *American Journal of Nursing* I saw one picture of a young Black nurse in this standard visionary pose. That picture struck me as both unfortunate and unreal. Unfortunate because it suggested that all recruits to nursing can identify with such a vapid, visionary, idealized image of their future selves; unreal because it has little to say about the experiences and aspirations of most minority recruits.

The image that nurses too often mindlessly serve and protect doctors cannot be seriously denied. Recently many of us read about the research project where research assistants who were perfectly normal got themselves admitted to mental hospitals (8). They found that although after their admission to these hospitals they acted normally, only their fellow patients recognized they were not ill. The analysis of the behavior of doctors and nurses in these situations merely confirmed the stereotype of nurses' nursing station behavior and nurse-doctor relationships.

There are over 723,000 employed nurses in this country, and 98 percent of these nurses are women; 82.6 percent of all employed nurses have diplomas; 65 percent of employed nurses work in hospitals, nursing homes, and related institutions, and another 14 percent work in private duty and doctors' offices (5). Thus, we have too many people designed in one mold working in too few sectors of the health care community.

I believe racial and ethnic minorities may constitute a unique resource for change in nursing. Unfortunately, there is little information about Blacks, Chicanos, Native Americans, Asians, and males in our work force. The *1970-1971 Facts About Nursing* (1) reveals that in 1968-1969, 5 percent of students enrolled in RN programs were Black, in contrast to 3 percent in 1965-1966. Most of these students were in associate degree programs in which 10 percent of enrollments were Black; 5 percent were in baccalaureate programs and 3 percent were in diploma programs. Unfortunately, attrition of this population is great. In 1968-1969, graduations from diploma and associate degree programs showed little change from earlier years, maintaining 2 percent graduations from diploma and 6 percent graduations from associate degree programs. Unhappily, in this period baccalaureate programs were against this trend by decreasing their percentage of Black graduates from 9.7 percent in 1961-1962 to 4 percent by 1968-1969.† This is a sorry commentary upon our collegiate schools which, presumably, have more intellectual and material resources than our diploma and associate degree programs.

*Presented at the Oregon Cluster Group Work Session, Seattle, Washington, May 18, 1973.

†Unfortunately, the statistics in the *1970-1971 Facts About Nursing* are uneve.., and, in several instances, seriously outdated.

There are 6,590 men currently employed in nursing. Again, *Facts About Nursing* advises us that in 1968-1969, 3.5 percent of the total admissions to schools of nursing were men, compared with 1.8 percent in 1965-1966. Unfortunately, the attrition rate of this scarce population is high. Despite the gradual, though small, increase of males in nursing, in 1968-1969 only 2.2 percent graduated, as contrasted with 1.7 percent in 1965-1966. Pessimistically, *Facts About Nursing* concludes, "these minor changes will have little effect on the sex distribution of the nation's nurse manpower."

There are other populations that I define as minorities, which can be mentioned. They include 786 nurses with earned doctorate degrees and that small amorphous group of nurses who really do not accept the values of the mainstream nursing tradition. They work creatively, often effectively, to find new models of nursing effectiveness.

Unfortunately, the aspirations of all these minorities are mediated by the hundreds of thousands of nurses who adhere so closely to the mainstream image of nursing. The narrow but monolithic image to which these nurses subscribe lends itself to the maintenance of a health care system that is highly elaborated, incredibly inefficient, and intolerably expensive. Following the medical model, nursing contributes to a health care system that overtreats some populations and undertreats others: a system that remains unresponsive to the health care needs of the people. It is into this constricted unimaginative system that we attempt to recruit and maintain minorities. I ask you, Are we doing these minorities a service or an injustice?

Yet one of our important values is responsibility. Some of us recognize our limited capabilities. We have devoted too much of our efforts to treatment and care in hospitals. Too much of our small public health effort remains treatment oriented with too little consideration given to prevention. In all instances we neglect large sectors of health which are our legitimate concern. We do little for children in nursery schools and the elderly in nursing homes, and we, almost totally, disregard prevention. Some of us recognize that, as we have been traditionally constituted, we have never adequately served the poor and minorities. As late as 1965, neonatal mortality (less than 1 month old) was 16.1 per 1,000 live births for whites and 25.4 per 1,000 live births for nonwhites (6). At that time infant mortality (1 month to 1 year of age) was 5.4 per 1,000 for whites and 14.9 per 1,000 for nonwhites. These differences have existed for decades.

It is possible that a reconstituted nursing population might be a most important strategy for providing the profession with the capability of meeting its tragically neglected responsibilities. Rather than rejecting and frustrating minorities, the profession must accept and encourage minorities in nursing. Too often nurses believe that bringing minority persons into nursing will help these minorities find a useful and rewarding role in life. I am saying that, at this time, the profession has more to gain from minorities than minorities have to gain from nursing. Minorities represent a revolutionary potential greatly needed in nursing. *They can and must be our agents of social change.*

RESEARCH

There is one issue I believe we must keep in clear perspective. Despite the fact that we have had minorities in this country a long, long time, we, in fact, know little about them beyond our dearly beloved stereotype. Our sociological research is narrowly focused on social problems of minorities. Even our last census is believed to have underreported 5 to 10 percent of our Black population (4). Certainly we know nothing about minorities already in nursing. We do not know where they came from, why they came into nursing, how they survive through the curriculum, and what they do after they graduate. Are there many minority registered nurses in doctors' offices? Is there comparability in the percentages of Black and white registered nurses in hospitals as contrasted with public health agencies? We need more research before we can go much further than what I say to you today.

BECOMING A STUDENT

There are a number of social structure and psychological barriers to minorities' view of nursing as an appropriate life career. I have mentioned that nursing projects a white, Anglo-Saxon, middle-class, female image. This projection presents a serious identity problem to candidates to nursing programs, to nursing students, and to nursing professionals who do not fit this image. This image constitutes a general recruitment barrier that is not easily overcome.

Successful recruitment and maintenance of minorities to the profession begins with a serious commitment by the administrator of the school. This is one commitment that deans and department heads cannot delegate. They must appreciate that such a personal commitment has many secondary benefits for it provides them with a tool which they can employ to differentiate between provincialism and universalism in their faculty and curriculum.

The administrative head must first inquire into her top administrative coterie to identify those who support and those who do not support the priority of inclusion of more minorities in nursing. In these inquiries the administrator will probably find that those who do not support this priority maintain other allegiances and views of nursing that essentially support provincialism and maintenance of tradition rather than change in the system.

The dean and her committed administrators must then take time to sensitize themselves and their faculty to the problems and perspectives of nonwhite, non-Anglo-Saxon, nonmiddle-class, and possibly nonfemale populations, which may eventually contribute to more efficacious nursing. This challenge to sensitize yourself to prejudiced thoughts and acts is not idle. Persons who belong to the majority group usually have no conception of the enormous differences between their life experiences and perspectives, and those of minorities. They live in a world that is much more understandable, predictable, and secure than minorities.

This top administrative group must also assume responsibility for identifying all faculty and clinical situations that are antagonistic to the success of minority students. Specifically, I mean there are always some faculty

members who hold strong racial and ethnic prejudices. There are some clinical settings that are antagonistic to the needs of minorities. The identification of these hazards must result in modifications in learning experiences, neutralization of prejudiced faculty, changes in rotation schedules, or other strategies that will insure minority students equity with other students in their opportunities to succeed.

Minority student recruitment and retention will require the setting of well-considered administrative and educational objectives. Projections for the kind and numbers of each minority group must be established for several years in advance. Faculty who actively participate in the program must be given additional acknowledgment for community service and curricular development during promotion and tenure committee consideration. A formal recruitment and retention program must be established. Such a plan must also contain evaluation components that will permit the faculty to gauge its attainment of its program goals.

Discrepancies between the administration's objectives and the accomplishments of the program will, of course, create problems of credibility—but so will doing nothing.

The school can utilize a variety of sources to communicate its interest in recruiting minority students. Newspapers and radio stations that cater to ethnic and racial populations permit the school to cast a broad net. Actual recruitment excursions to high schools and community colleges provide more direct contact with potential future students. Remember 10 percent of the population of community colleges nursing programs are Black. These students constitute an important resource for RNB programs.

There are many important considerations to be observed in minority recruitment. I can mention only a few. In a recent, highly sophisticated research study entitled *Racial Barriers in the Recruitment of Blacks to Nursing*, Belcher compared the impact of Black and white recruiters upon Black and white high school students on the dimensions of attitudes, interpersonal judgment, and attraction (2). She found:

1. The Black high school students perceived less similarity in *attitudes* and greater discrepancy in attitudes with the Black and white recruiters than did the white students. However, Black students perceived more similarity and less discrepancy with the Black recruiter than with the white recruiter.

2. The Black students, in making *judgments* about the recruiters, consistently responded less favorably overall to the recruiters than did the white students. Black students consistently responded more favorably to the Black recruiter than to the white recruiter.

3. The Black students were less *attracted* overall to the recruiters than were the white students. Black students were more attracted to the Black recruiter than to the white recruiter. Black students were more attracted to the Black recruiter than the white students were attracted to the white recruiter.

4. The Black students believed the message delivered by the recruiters less than the white students believed it. Black students believed the Black recruiter more than they believed the white recruiter.

Belcher concluded that the effects of students' race were greater than any other effects in the study. Also remember what I have said about the starry-eyed hospital-employed visionary nurse we project in our recruitment literature. Belcher found that nursing was not relevant to working in the community and it "was routinely presented as a field without problems."

I must mention the need for honesty on the part of all recruiters. Minorities survive by sensing (or psyching out) deceitfulness. Experience suggests that many high school advisors are either indifferent and/or ignorant about nursing and/or indifferent about speaking to minorities about nursing and/or antagonistic about encouraging males into nursing. But experience also shows that high school advisors can be educated. School of nursing minority recruiting teams *must not be discouraged* by poor responses to their first efforts.

Schools of nursing must also work closely with university-wide minority recruitment and retention programs. Some of these programs are highly elaborated and sophisticated. When this is the case, the school of nursing is well advised not to duplicate the efforts of the university. However, this does not excuse the faculty from mounting strong programs that complement and enrich the efforts of the university.

I am sure you wonder what criteria should be considered in judging minority student academic qualifications. If you accept the fact that most minority students do not get the same high school education as whites, despite the fact that they go to the same schools, we can begin by reassessing our blind commitment to the revered grade-point average (GPA). I believe the revered GPA is soon to be deposited in the trash heap where it justifiably belongs, along with our I.Q. tests and a whole host of other educational psychological testing paraphernalia. Indeed, a select faculty committee of the large University of Washington College of Arts and Sciences recently suggested that a Rate-of-Progress Grading scheme be substituted for all grades and GPAs (7).§ My own department sends forth to the graduate school an appeal for all students, minority and others, who wish to enter the department with less than the accepted 3.0 GPA. In this we recognize the large number of 3.0+-GPA students in the university who have not been able to finish their degrees.

RETENTION

The problems of retention are even more complex than those of recruitment and the jeopardy is greater if the faculty has not been properly prepared. The influx of minority students will stimulate much confusion, re-

§Almost simultaneously, the Faculty Council on Academic Standards recommended that the grade-point minimum for admission to the university remain at 2.5. The report is lengthy and cannot be commented upon here (see Agenda for the University of Washington Senate Meeting of Thursday, May 17, 1973).

crimination, and insult among faculty themselves, between faculty and students, and among students.

Let me remind you, once again, most minority students are really different from the vast majority of students.# They view the world, the university, and nursing differently. They have learned to be distrustful of white establishments. They do not have the accepted idealized perceptions of the profession. They probably want to understand more about nursing in the community than white students and they are probably more naive about the university than mainstream students.

Their naiveté about how mainstream students deal with academia requires further comment. I assure you this is one aspect of their experience I am only recently coming to appreciate. Despite their failures, minority students are often much more serious about their studies than white students. I do not mean they study harder; this may or may not be the case. Rather, they take the curriculum much more seriously, and in doing so they get caught up in minutiae that white students avoid. Indeed, with their greater confidence and understanding of the system, white students are much more manipulative than minority students. White students know how to obtain old tests and more reliable texts. They understand that it is more important to do what instructors do or nonverbally say rather than what instructors actually say. White students challenge instructors more and, on balance, are more ready to blame their instructors than themselves for their failures. White students also have a great facility for dealing with faculty as individuals and literally picking them apart, one by one, in order to get special consideration. In contrast, minority students are too ready to criticize themselves. They get bound up in real or imagined failures and thereby lay the seeds for their further anxiety. White students also withdraw from classes or request incompletes when they find they will not be able to successfully complete their studies. Minority students do not use these strategies as successfully as their white fellow students.

Usually we can expect that there will be greater equivalence in cognitive sets between white faculty and white female students than between white faculty and minority students. There will also be greater equivalence in vocabulary and lifestyle of the nursing instructor and her white students that the instructor could seldom attain with her minority students. I am dealing now with the intangibles of differences in world view and implicit and explicit meanings as expressed by verbal and nonverbal behavior. Mary Bush, in her thesis, "Ethnoscientific Exploration into the Meaning of Health," provides an excellent example of differences in the cognitive systems of Blacks and whites (4). She found that whites held the traditional definitions of mental health while blacks defined mental health as survival.

#In a paper of this nature generalizations about minority and white students are unavoidable. The fact of variance in populations is accepted. Some minority students will be quite sophisticated in their university activities, while some white students will be plagued with all of the difficulties of the most disadvantaged minority students.

The difficulties that differences in language cognitive sets and behavioral styles cause minorities are compounded when faculty members are not committed to the minority retainment programs, when they insist that "we all belong to the same culture," when they believe minorities have always had the equal opportunities, and when they wonder why minorities deserve any greater consideration than white students.

In peer review situations one issue which faculties find difficult to confront is the bigoted colleague. I have heard faculty members make all kinds of excuses for their prejudiced members. Such defenses as, "She is not as bad as she used to be," "She is trying so hard," and "She needs more exposure" are all familiar. But what about the poor minority students the faculty bigot is frustrating while she learns good citizenship?

There is also the problem of the faculty member who wishes to make no mistakes in her interactions with students. Usually, this faculty member's anxiety is so high that she immobilizes herself as well as her minority students.

The clinical setting also holds unusual hazards for minority students. Too often, despite the student nurse uniform, patients, family, visitors, and members of the health care team mistake Black students for aides or maids. Minority students often complain, and it has been my personal experience, that they are given more difficult assignments than their white colleagues. They often find themselves still working on the units long after their fellow students have gone. It also happens that relationships between white students, ward nurses, and doctors are more supportive to the success of white students than minority students. On the other hand, minority students must be particularly careful that they do not offend the dignity and pride of minority paraprofessionals and maids working on the wards by being too distant or snobbish in their attempts to develop a professional stance.

The commitment of many nursing programs to hospitals and agencies constitutes another source of difficulty for minority students. Many of these students have spent their lives developing behavioral strategies to mitigate the impact of authority, particularly arbitrary white authority, upon them. The authoritarian organization of the hospital stimulates protective behaviors that may be unfamiliar to faculty and ward personnel. Avoidance behaviors, tardiness, absence from units, or complete immersion in some legitimate task are means of fending off authoritarian intrusions.

Many minority nurses find community work more satisfying than their experience in the structured hospital setting. In the community they are able to test their old and new skills with greater freedom.

Indeed, the priority commitment of most Chicano, Native American, and Black students is to their community rather than to hospitals or "white health care establishments." They know their people have been traditionally underserved and they do not expect their allegiance to white health care facilities will change the traditional health care programs of these institutions.

Throughout the educational experience, problems of advising can be horrendous. The student is anxious, faculty are anxious, and faculty do not understand or appreciate the student's continuing disadvantages in the curriculum. Negative comments build upon negative comments. Faculty member after faculty member seeks to validate her evaluation by adding detail to the somber story. The negative evaluations are the grist of luncheon conversations and committee meetings. Equal effort is seldom given to the student's strengths. Too often these negative evaluations precede the student in each new experience. Expectations are raised and, as W. I. Thomas has said, "If men define situations as real they are real in their consequence." Only the most committed of minority students can overcome such concerted character assassination. Another familiar, and real, complaint is that white students get more accurate and detailed administrative and academic advising than minority students.

Involvement in the social network of undergraduate classes is important to the success of all students. In fact, most schools offer two curricula: the faculty curriculum and the student curriculum. The faculty curriculum provides the justification for the student curriculum. The primary objective of the student curriculum is to provide successful student responses to the faculty curriculum. To the extent that the entire curriculum of the faculty is manifest rather than latent and congruent with students' expectations of themselves and the program—to that extent the faculty curriculum is accepted and the student curriculum is not overelaborated. If the faculty curriculum contains many latent elements and is distant from student perceptions of a proper curriculum, to that extent the student curriculum will be highly elaborated. In both instances, minority students are more disadvantaged than the students who belong to the majority group. They are particularly disadvantaged in the second instance.

The student curriculum consists of word-of-mouth reports about the inclinations, allegiances, testing style, and prejudices of individual faculty members. It also includes distributing former tests and information about emphasis of theoretical and clinical courses. Considerable information about what instructors to pick, how to get out of undersirable courses, what programs to take for an easy school term, what courses should never be taken together, and how to get out of failing situations without looking like a failure are also part of the student curriculum. Information about part-time job positions is passed along. In fact, within the student curriculum some job situations may be passed from student to student for years without ever being occupied by a nonstudent.

Vigorous, highly elaborated, latent, student curricular activities always result in highly disadvantageous educational experiences for minority students. They just cannot participate in majority culture interpersonal networks with the same relevance and effectiveness as majority culture members. However, we know that too much distance between the faculty and student curricula can prove disastrous. Witness the cheating scandals which occur in our military academies from time to time. These schisms also contributed to the student riots of the 1960s.

The situation of the minority graduate student contains all the jeopardies the undergraduate student confronts, and more. In graduate school the social network of the student is important but different from that which prevails in undergraduate school. Graduate curricula are often less structured than undergraduate curricula, and they should be. Also, the belief that the intellectual and clinical skills of graduate students are superior to those of undergraduate students leads to greater expectations that colleagueal elements will infuse supervisory relationships and the students will be more self-directed. It is also expected that students will develop a mutually beneficial camaraderie. Unfortunately, these expectations can be successfully met only if the faculty and minority students are comfortable with each other. The alternative is *mutual faculty-student avoidance:* the great hazard of all graduate studies. In the case of minority students, this hazard is compounded. They remain at home, anxious and confused, or they go to work and neglect their studies. The more secure white students visit the faculty in their offices and homes and have lunch with them.

Majority students also have ambitions of making impacts upon faculty during social gatherings, which many minority students would never project for themselves. Indeed throughout all interactions many minority students usually maintain highly circumspect behavior for fear that if their behavior is anything less than perfect, their instructors will stereotype them as lazy, impulsive, ignorant, or socially inept.

Minority graduate students are in greater danger of becoming bourgeois than minority undergraduate students, and they know it. They know that the fact they have remained in the system so long must mean that they have accepted some corrupting influences. Too often they do not have minority faculty role models to test themselves against. Thus, they must do their own testing, often with ineffective or disastrous results.

The suspicions of invidious treatment that minority students harbor requires some comment. These students are imbedded in situations not originally created for them. Many of these situations remain antagonistic to their very existence. Too often they are not sure who their friends are. Indeed, they may be forced to conclude they are surrounded by enemies. This situation also prevails in the undergraduate program, yet the usually overelaborated curriculum structure and the several other minority students in the undergraduate program usually provide some support. The looser structure and the dearth of other minority students in the graduate program results in limited opportunities for reality testing of imagined or real fears. Am I getting decent clinical experiences? Am I receiving concerned and effective clinical supervision? Are my papers being graded fairly? Is my thesis advisor interested in me? Oh yes, majority students have these same fears, but they also have more resources. The university and the school were created for them, the faculty was prepared for them, and the professionals in the clinical facilities are in their same mold. Unquestionably, the majority students are considerably more advantaged than their minority colleagues.

The question of the small number of minority students in graduate programs is a national scandal. Unfortunately, as in my personal experience, graduate advisors and admission officers frequently advise minority student graduate school applicants that they are not qualified for graduate study. If the student insists on pursuing her application that student may be advised that there is no more room in the program or the department cannot provide study in the area of the student's interest. It also happens that departments will develop one, maybe two, student slots for minority students. If these slots cannot be filled by minorities, other students may be appointed, but rarely is the number of minority students allowed to exceed the allotted number of positions. These rules are seldom firmly established; rather, they are the result of tradition or congruities of images of the appropriate. Admittedly the establishment of such quotas is rare in graduate nursing education, but they do exist.

The plight of minority faculty also deserves consideration. They, too, are a rare species; yet I have found that, with a few major exceptions, the recruitment behavior of schools of nursing for minority faculty often goes against established rules of the market place. Too often I have seen minority faculty recruited either below proper salary or below proper rank, or both.

Again, too often such faculty are allocated to soft money positions and given considerable responsibility but no authority for the recruitment and retention of minority students. When promotion and tenure committees meet, committee decisions are not based upon their minority recruitment and retention effectiveness. Indeed often evaluation programs for recruitment and retention projects are weak or do not exist. Rather, the primary criteria the committee will use are teaching effectiveness, research productivity, and publications. The minority instructor will also find herself on a variety of school committees and, through experience and commitment, she will be engaged in a wide variety of community affairs. Minor and major student and school emergencies will interfere with her schedule and absorb her energies. Her phone will ring day and night. She will learn who are the villains and the good gals in the school, but she will not sit on important committees where her voice will be heard. Without proper support and guidance, her career will come to an end at the point where she must be considered for promotion.

SUMMARY

In this paper I have noted that the idealized image of the nurse is that of a white, Anglo-Saxon, middle-class young female who works primarily in hospitals. In a variety of ways the profession supports this image. I have also noted the small numbers of minorities in nursing and their high attrition rate. But I have noted that little research has been done in this problem area. We have much to learn about the population and aspirations of minority nurses. We can suspect that many minorities come into nursing not only to advance themselves but to improve the treatment and care traditionally given to minorities by white health care specialists. Brinton reported that health care professionals believed that lower income populations did not hold health as a high value (3). Yet, her findings indicated that indeed such populations do hold health as a high value. It is these kinds of findings which lead me to believe that minorities can help improve the nursing care system more than nursing, as it is presently constituted, can help minorities.

Recruitment and retention of minorities in nursing requires serious commitment of the administrator and her faculty. I have indicated that we need to sensitize faculties to the goals of the recruitment and retention program. I did not dwell upon this matter of sensitization. I presume that goal 3, "discuss with representatives of minority groups the impact of these factors and attitudes upon the individual and the social group," and goal 4, "make a commitment to use the knowledge gained in this workshop to promote learning for minority students," speak to this question of sensitization and the development of commitment.

I indicated that the administrator must identify faculty and curricular blocks to recruitment and retainment of minority students and also sort out clinical situations that are hostile to the introduction of minority students. The recruitment and retainment program should be as highly elaborated and well thought out as any serious grant proposal. Such a project must also have a strong evaluation component. I particularly pointed to the results of Belcher's study and Bush's study to confirm that the specific cognitive sets, attitudes, and commitments of Black students are quite different from those of white students.

This matter requires particular attention, for a past tradition of adherence to the melting pot ethic, which suggested that if everyone worked hard enough, we could develop a singular American Type, seems to have fallen into disrepute. We see the rise of many subcultures of our white mainstream culture and the belief on the part of ethnic groups and racial minorities that their cultures are legitimate, that they need not become the idealized American. I project that we will see not only greater fragmentation of our society into more subcultures, but we will also see ethnic and racial subpopulations demanding that their differences be considered legitimate and that university curricula respond to their differences in perceptions and commitment.

In tune with this, I mentioned I suspect a rather rapid demise of the GPA as the primary, and in many instances sole, indicator of academic success. I also indicated the importance of social networks to the success of undergraduate and graduate students. In particular, I made some statements about the interaction of the faculty curriculum and the student curriculum. I pointed out that difficult as the undergraduate curriculum may be, it had structure that is lacking in the graduate program. I support structural reductions in our graduate programs and would champion even greater reductions of structural elements in our undergraduate programs.

However, the fact that there is less structure in the graduate program means that there is greater reliance upon colleagual relationships between faculty and students. My question is, Are minority students disadvantaged

because they cannot establish colleagual relationships with white faculty to the extent that white students can? Again I point out that our research and experience in these areas are meager. However, this is a structural problem peculiar to all good graduate programs. We can learn from our few experiences and suspect that the kinds of things that happen to minority graduate students in other departments of the university and the country must provide us some indicators to our own present and future experience.

I have also attempted to advise that there are bigoted faculty and I have suggested that these people constitute a threat not to minority students alone. The study of these faculty members might demonstrate that they hold values that are dogmatic and provincial, and consequently, antagonistic to the university ethic. It is the responsibility of the administrator to ensure that she has high-quality faculty and that the few members who do not contribute to the high quality of the faculty and, in this special case, those who may hinder the project, are removed or placed in positions where they have minimal impact upon the minority students.

I also alluded to problems of informal evaluation and the snowball effect of negative evaluations, particularly when the faculty is prejudiced or not sufficiently wise to identify the negative snowball effect and counter this effect by searching out positive indicators.

The fear of minority students that they may become bourgeois and thereby ineffective in meeting the needs of minority peoples is not easily ignored. Walsh has found that professionals who actively seek to increase their professionalism by enhancing their occupational position develop a significantly negative orientation toward the lower classes and the poor (9).

I also noted that minority students often have a greater commitment to working in the community, outside of the hospital structure, than the mainstream majority white female nurse whose images more closely complement the idealized type that we see pictured in our journals.

Finally I spoke of some of the problems that minority faculty who are employed to work in our recruitment and retainment programs might confront. Undoubtedly, it is important that the number of minority faculty in the schools of nursing be increased. They will provide good role models and suggest alternate practice styles for minority students as well as other faculty of the schools of nursing.

I have identified social cultural factors and educational practices that may inhibit the recruitment and retention of minority students. I have also attempted to suggest alternate social cultural structures and educational approaches that may promote learning for minority students. I must say that I understand the difficulty of the task before you. It has been documented that we live in a racist society and I understand it is difficult to change values and behaviors. Yet rapid change in nursing is necessary. Our profession maintains an extraordinarily conservative stance in a period of revolution in the health care delivery system. Minorities constitute new ideas and new opportunities. Our traditional images of the nurse are so outmoded that if maintained unchanged we will find ourselves as extinct as the dinosaur. Minorities provide the potential of new ideas and new alternatives in nursing. Nursing needs all kinds of minorities more than minorities need nursing.

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Student-centered Instruction in an Associate Degree Nursing Program*

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One faculty member was released from teaching this past year in order to set up our self-pace program and did quite a bit of research on existing self-pace programs before we started ours. This was done to alleviate known problems. Some of the known problems were: (1) lack of student contact, no formal class lectures and/or discussions; (2) lack of teacher contact; and (3) use of programmed learning packets which are geared for the students to work independently and assume responsibility for their own learning. This probably is the greatest failing of previous programs, for it takes an academically sophisticated student to succeed in this manner. And, characteristically, disadvantaged people are unable to survive in unstructured learning situations such as self-pace and programmed guides and generally fall by the wayside.

Taking all this under advisement, we set out to make ours work, and for disadvantaged students! First, we took our curriculum, which was already divided into units, and subdivided the units into "mini-units." Each mini-unit was then set up with objectives, suggestions for achieving these objectives, study guides, self-testing, and mini-unit final tests. Independence and responsibility for student learning was integrated within this model by the use of contracts. When the students were ready to progress from one mini-unit to the next, they would take the mini-unit final, and upon passing, would proceed to the next. Thus, the students determined how rapidly they would learn, the effort they would put forth in learning, and the grade they wanted to earn for satisfactorily completing the work and meeting the required objectives.

Based on the grade, criteria were established specifying the amount of work to be done within a prescribed time limit. And, as the grade lowered, the time was extended and the amount of work required was decreased. Minimum test scores for each course grade were also defined. The students were bound to the grade they had chosen. Most important, based on the grade that the students wanted to earn, they could move through the course at their own rate, thereby establishing an individual learning pace.

In order to enhance student learning and student-contact motivation, biweekly seminars were scheduled; attendance was optional. Lectures gave way to active discussions, with the students participating freely. In considering how to approach a given topic, we took our cue from the students. For example, if you had a topic scheduled for that session, you started with student questions and then worked the discussion around, covering all the required information. Sometimes the sessions were a review of the mini- and/or unit tests. Regular testing sessions were scheduled on Fridays. Sign-up sheets were posted so that the students could sign up for which unit test they wanted to take as soon as each completed the mini- and unit course objectives.

In order to provide faculty-student contact, all students had weekly appointments with their clinical instructors. The scheduled fifteen minutes per week were totally for theory and helped each student with accountability and some responsibility for their own learning. Some of the questions posed to the students during these weekly appointments were: How are you doing? Where are you on the schedule? What areas do you need help in? Do you realize that this material is due or has to be in on a specific date? What questions do you have? In other words, it was a kind of prodding period to keep the students on schedule and assist them along their way. Sometimes you check with them in terms of what they are contracting for, but again, you don't want to do or say anything that will dampen the student's hope for doing better. So, you may say, "Well, you never made a "B" before and you never made an "A" before, but if you feel that you want to try it, go ahead, and I'll work with you; these are the kinds of things that you have to do in order to earn this grade. . . ."

In our program, we also correlated theory with the clinical. All students had to let their clinical instructors know where they were within the course units so that the instructor could select those kinds of patients for them who tended to reinforce the theory through application to practice. Students were at varying levels clinically and theoretically, but this worked out to their advantage! The postclinical conferences were usually geared to the level of the more advanced students, although questions were also answered for the lag students. In this way, new knowledge was acquired and old concepts were continually reinforced. Thus, there was a kind of sharing as well as "give" and "take." Some concepts could be discussed very capably by all students, regardless of where they were in the course, especially if it were a basic concept, maybe bedrest, and the effects on patients in various conditions and situations. Whereas the more advanced students could very capably discuss the cardiovascular system, the lag students could discuss the respiratory implications. Each could make contributions on the systems he or she had covered, so again, everything meshed together beautifully, and everyone participated. I think the students really liked it!

Surprisingly, the class stayed pretty much together. Only a few lagged behind, and the lag group stayed pretty much together. So, apparently the study guides and self-

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testing exams were moving the students along. But, there were problems.

The major problem was concept of time. Hopefully, the conceptualization of time had been integrated within the self-pace model that was tied to the contracted grade. So, if students finished two weeks work within one week, they received an "A"; if they finished in a week and a half or two, they received a "B"; and if they finished in three weeks, they received a "C." This system didn't work too well because a number of the students just didn't have time orientation, a major problem in trying to get disadvantaged students to assume responsibility for their own learning. The situation simply grew worse. Students caught in this situation became discouraged. Luckily, we're a program that changes in transit—nothing stays the same when you see it doesn't work; you stop right there, you just try a different approach. So, we deleted the time requirement as a factor in grading, and a lot of stress was alleviated. In any program (and we are not an exception), there are the isolated few individuals who can never manage the complete assignments or projects within the specified time, and we still deal with the student(s) on an individual basis.

For the quarter during which we used the self-pace curriculum, almost everyone passed. However, in retrospect, a pattern of behavior among a few of the students was identified: repetitive test takers! Students were given the option of retaking a test if they failed the first one. Actually, several tests were designed to cover the same content. And, though the students didn't take the *same* test twice, they would sign up to take the test knowing full well when they signed up that they were not fully prepared. But, they wanted to determine the basic content that they were required to know. So, they took the first test and generally failed, but they knew that they had a second chance. And they would invariably pass the second test and make a higher passing score. Both grades were averaged and were generally passing.

QUESTION: I assume that general education courses that they were taking were not self-paced. Were there any problems in this area because they were not self-paced also?

ANSWER: No, in fact the other disciplines were looking at us and they thought that that's the way to go. They were asking our director if she could release the same faculty to assist them to self-pace their curriculum. Also, during the winter quarter, second year students were enrolled only in nursing courses.

QUESTION: Is there a maximum time limit a student must complete a mini-unit in, or can it go on for a couple of quarters?

ANSWER: Well, that was one of the problem areas. You see even a "C" student would not finish by the end of the quarter, so there was no way—in fact, this did give us problems—because what happened is all of us worked during the interim break, and the "C" students came then and took their exams and completed whatever projects they had to do to get through that quarter. However, because course work was incomplete, grades could not be sent in at the end of the quarter, so we used whatever the college had for continuing grades, and the student didn't get a final grade until the first week of the spring quarter. Consequently, we decided that, at least technically, a "C" student is supposed to be an average student, so why should he be slow or slower than average? An average student should complete the course work within the legal time of the quarter.

QUESTION: In terms of financial aid, how do you handle the student who lags behind?

ANSWER: Most of our student body, about 75 to 80 percent of our students, are on some type of financial aid program, so we are keeping our fingers crossed as far as continued funding goes. They have been on welfare programs like WIN, rehabilitation programs like DVR, the veterans' programs, and so forth. And these do have minimum credit levels that the students must carry. So what did we do when lag students got an incomplete grade? If they were given an incomplete, they could go ahead and sign up for the coming quarter. If the lag students were "C" students and it looked like they were going to complete their work within a couple of weeks, we allowed them to go on to the next quarter because at least they had been exposed to the content, even if they did not pass. (This is no longer in effect. Students now have the option to get "D" or "F" grades. If they get a "D" they may continue to the next course, but with the understanding that they will have to repeat the course and make a passing grade in order to be eligible for state boards.) Because of the loss of two faculty members, we cannot offer a course every quarter or provide special make-up courses for lag students. This will be the first year, for example, coming up, that students will have to wait a year before the course is offered again. We don't know what this will do to our retention rate or to our students. If the students feel that they have to lighten their credit loads, we suggest dropping nursing and taking their other disciplines, because nursing is naturally their heaviest credits, especially the last three quarters. As far as clinical goes, it gets longer during the last two quarters—we give two hours per one credit (most schools give three for one); most students can progress through the clinical with much less difficulty than with theory. So, we separate the theory and clinical grades, and, clinical credits being higher, the students would be getting eight or five credits. This does help in terms of the overall 9, 10, or whatever credits must be earned for students to be eligible for financial aid.

QUESTION: (partially inaudible, but relates to the separation of clinical and theory):

ANSWER: We separate the two, theory and clinical. This does a lot for the morale of the student. Initially, we didn't. Initially they were two separate courses: when students failed theory but passed clinical, they received an incomplete for both courses, even though they may have earned a "B" in clinical. And, you may say, as my director challenged me one day, "That's impossible!" And then such a student came through under another instructor who praised this student for her unique and skillful performance of nursing care. She said, "I don't know how this student operates, I've never seen the likes of it. She

makes priorities in her nursing care, works with ease and competence, and is a safe practitioner, and if I had to have a nurse, she is what I'd want. But, you ask her why she was doing it and she couldn't tell you." So, I said, thanks! Incidentally, this particular student was unusual. She was a Youth Corps student, got into our program with a GED, had difficulty in matriculating in six quarters but made it in seven. She took the state board exams, passed three out of five the first time around, passed the other two the second time around, and is now working at the Veterans Hospital. She started there right after graduation, was laid off when she failed, but was immediately called back when they heard that she had passed. So, it is possible for students not to know theory and be a "B" practitioner. It does all kinds of good in terms of motivating the student to know that here is something they can do. And then you tell them where to focus, for example: "Don't give so much attention here." "Spend more time here." So theory and clinical have been separate ever since. (This is no longer true. It was found that students who failed state board exams were most often the ones who had difficulty in the application of theory to practice. In October 1974, we returned to the original view: you must pass theory in order to pass clinical.) I might add that three of our graduates are matriculating for their baccalaureate degree —two are at Seattle University and one is at the University of Washington, so some do go on.

QUESTION: (not audible; some reference to the possibility of graduate internships):

ANSWER: We welcome but would like to have the person stay longer than just a quarter, because it takes that length of time at least for orientation. Six months would be a minimum, a year would be better. But you know our students need a lot of tutoring, and tutoring goes along with the job. I think that a great deal of our success can be attributed to the willingness of the faculty to tutor, and we do have a dedicated faculty.

CLUSTER REPORT

Retention

Our major goal here was the early identification and immediate response to the specialized needs of our students. This may be in terms of a language disability, especially if the student speaks a foreign language or is of a different cultural background. For example, in fundamentals, some of the students are required to bathe one another before they bathe patients. And we find people of different cultures cannot feel comfortable undressing in front of another person and receiving this bath. One student shared her feelings with us. She was almost ready to flunk her fundamentals course rather than expose herself until the instructor spoke to her and resolved this problem. So that's how culture is integrated into the curriculum. The instructor should also be aware of any other learning needs and deficiencies; some of these have already been mentioned. I even taught math!

The second thing is to provide flexibility in sequence of courses and the method of combining courses as well as time at which specific courses are offered. This was *my* real deep concern and priority; I was glad the group did see it this way. In one area we say that we want to work with the so-called "disadvantaged" students or students who have poor learning ability of abstracts and concepts, and then we load them down with courses that are very abstract and concept oriented. I know of one school, for example, in which the RNBs (an RN studying for the B.S. degree) take microbiology; inorganic and organic chemistry; a course that is called conjoint, which is anatomy and physiology with a chemical-physics-dynamic approach; nutrition; and pharmacology. Now you know, even if you were a top "A" student, you would have difficulty with that type of sequencing and/or combination of courses. So look at some of the combinations that you're putting together, as well as the sequencing of some of the courses.

The next was provision for and use of social services. Again, this was mentioned before, so I won't go into detail, except to specify that tutoring, counseling, and financial services should be available. Next was to provide a climate for student advocacy without recrimination. This has been mentioned before. Hopefully, students should work with instructors to resolve any problems. It makes a bad situation worse when it is taken out of the department of nursing.

The last thing was continuing faculty inservice education to insure commitment and to avoid prejudicial types of attitudes. This is a goal that was also mentioned before. I would like to add that quite often there is turnover in faculty, and even when faculty stays, there are continual political and social changes that happen; sometimes they change faculty attitudes or have an impact on them. So, we need to continually reassess our faculty and determine where they are and where they have to go.

CURRICULAR CHANGES

In the area of curricular change, again, the highest priority was to allow the students to develop their own potential abilities by providing a variety of multi-ethnic, social, and economic learning experiences. Next was to reduce to a minimum the number of prerequisite courses so as to make it possible to allow entry or re-entry in the nursing program at any point. Some schools have it. One school has three courses offered for three consecutive quarters. The student may enter anywhere along the continuum, progress and not have to stay out of school for a full year. By and large, most schools do not do this. It is doubtful as to whether you might get students back into the nursing program if they stay out for a full year.

Provide an opportunity for individual faculty or faculty subgroups to experiment with curriculum through projects, student or graduate studies, and recommendations. This could be an isolated faculty member who is willing to take risks. If you think or know that there is something that would really work, don't wait to have a total faculty meeting to have everybody approve it. Just go ahead and set it up in your own little division or subgroup, try it out, and then give them the results. Then, there will probably not be much difficulty in getting total faculty commitment.

Teaching methods as well as evaluation of clinical performance need to be more current and realistic. This was really explored in our group. We feel that many of the faculty have had little or no clinical skills, so that when they design an evaluation tool to evaluate the student's clinical performance, they are not realistic in their expectancies, and the student suffers. We need something built into faculty hiring and job continuance to ensure that the faculty member is a skilled practitioner in order to evaluate students.

Last, utilize a variety of approaches to learning in order to accommodate individual student learning needs. Again, self-pace makes contrast to whatever you find. And when I say accommodate, now that I've explained to you what we did at SCCC with our self-pace as opposed to programmed learning, I think you know what I mean.

In terms of recommendations to the various schools, we thought information was too scattered. However, in looking through the folders, we did find there were some common things in weak and strong areas, so I'll just read these to you.

Certain recommendations were identified in the three major areas of the project and were given priority. Upon the review of the Alaska, Oregon, and Washington projects, we find the schools in various stages of progress toward achievement of goals. In retention, most schools have made an effort to utilize special services such as tutoring, counseling, and financial aid to students. Many have provided at least one or two inservice programs for faculty awareness to meet minority needs. Periodic inservice for faculty in meeting the needs of minorities should be top priority. From the material presented in the cluster group folder, it is difficult to identify whether the member schools of nursing have any provision for student advocacy without recrimination. A climate for students to express their dissent should be established and maintained if one does not exist. Curriculum revision: Most schools are making curriculum revisions that reflect cultural and socio-economic needs not previously considered (we mean before they joined the WCHEN project). However, most schools need to look at sequencing and combination of courses (some combinations of courses should be avoided). In recruitment: recruitment is the weakest area. Inequities still exist in admission criteria. Closer ties are still needed in the community, particularly agencies, and precollege counselors who work with minorities.

Due to the difficulties with availability of consultants and scheduling visits, we recommend that the schools select the consultant from a list provided from the WCHEN office.

Retention or Detention: Divergent Environments*

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My sincere appreciation to you for this privilege and opportunity to speak to you today on behalf of minority and disadvantaged students. A special thanks to those of you from Seattle Central for being so bold as to suggest that I be asked to address this workshop.

The schools of nursing today continue to symbolize the college and university commitment to minority and disadvantaged students. Your focus today on *retention* is most appropriate.

I have chosen to focus upon two words that are very similar in meaning but not so in practical useage: they are *retention* and *detention*. We could be found talking retention while in practice detaining our students. This play on words points up the profound difference in the two words when we consider their meaning in lignt of their divergent environments. An environment conducive to retention is one that has the capacity to hold while the one oriented to detention is one that tends to enforce delay, deter the students from moving ahead. This will become apparent as I develop this subject.

Retention is directly related to the social environment of the program. Therefore, I have chosen to dwell on this aspect of the nursing program and leave the curriculum, financing, student deficiencies, and such to you to work through. The several aspects of the environment, which I will now outline, will have direct bearing upon the why, what, and how of the nursing program and thus bear upon faculty development. By environment I simply mean the surrounding—all the conditions, circumstances, and influences surrounding and affecting the development of the students.

A very basic aspect of the environment is that it is a learning environment—one in which learning is at the heart of the program for both the students and the faculty. Through the process of learning there is sharing—a very significant sharing of self. We are more than teachers of information and skills. We are sharers of aspirations, of excitement of a career (a profession if you will), of growth and progress, and of meaningful involvement with people. We are sharers of information, skills, and achievement.

Very closely related to learning is the aspect of experiencing rather than merely going through the motions of an experience. We as college and university people must experience learning with our students. It cannot be the continuous movement through a process like a part in a machine. We cannot just merely interpret, analyze, dissect, and evaluate the student's experience. We must have an experience with the student. Someone has said, "there is a marked difference between experiencing a sunset and analyzing or categorizing an event." Experiencing is akin to appreciation, particularly the appreciation of the uniqueness of oneself and of the other person or persons. Once we as faculty cease having an experience, we are no longer a living part of the environment and thus we become ineffective.

Another vital aspect of the environment is the nursing program goal itself. Closely related to it is our own goal as faculty and administrators in the program. How to achieve the goal? How we behave is related to why we are here, and student retention is directly related to how we behave. What is the goal, the purpose, of the nursing program? To graduate competent nurses? Certainly! But that goal is only a portion of a larger goal! Retention depends largely upon our capacity to assist the students to develop into competent individuals who in turn are also nurses. Overemphasizing professional competence tends to destroy rather than make a person alive. A program that addresses itself to individual competence will be one program, while developing nursing competency is another. This I am convinced is especially true of minority students. Emphasis on professional competence frequently intimidates the students. Focus upon individual growth, personal and professional enhancement of self-worth, places the student under less strain for excellence and allows for growth and professional development as an integral part of personal development, thus enhancing the sense of self-worth. This differentiation focuses upon retention rather than detention.

An environment that is conducive to personal growth is one that leaves the faculty and administrators free to understand the students rather than to focus attention on evaluation bordering on judging. Our first reaction to most behavior we see and statements we hear from other people is an immediate evaluation or passing of judgment, rather than an understanding of them—she's sharp, he's cool, that's stupid, how can she possibly? oh no! Carl Rogers may have hit upon a bit of profound insight when he said "understanding is risky, one may be changed by that understanding." Not everyone is comfortable with change. But we need to be reminded that understanding the other person is conducive to retention to growth while judgment evaluation tends to result in detention to prove oneself. In addition, an environment in which understanding prevails enables students to be themselves, to be more "for real." There is less need for them to wear masks and play roles. Role playing, going through the motions, is not *being*. Minority students needs an environment in which they can increasingly be free

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to express their fears and frustrations, including those related to their academic performance. Barriers, particularly defenses, tend to impair learning and make evaluation more difficult. Thus students need to be understood, and in addition, to be accepted as the people they are, not as the people they are to become. When the students feel that they are accepted, they become increasingly more able to face reality, particularly as a result of a one-to-one, face-to-face trust relationship. Through creative interactions the students will gain in interpersonal relations as well as discover practical solutions to their problems. The instructors, on the other hand will learn new ways of assisting the students to comprehend and master more difficult skills and knowledge.

Let me reflect further on the importance of acceptance for the minority and disadvantaged students. It is in response to acceptance that they are able to develop belief in themselves and to accept themselves. It is from being respected that they come to respect themselves and to gain in the necessary skills. It is only then that they can look realistically at their limitations. How many of us are able to look at our limitations without a passing sense of self-consciousness, maybe even a twinge of pain?

Let's move into another closely related aspect of the environment: an environment in which perfection is not the rule—but rather, progress toward excellence. Mind you, there is a vast difference. Perfection brings out the imperfections, the deficiencies. Progress points out the growth, the movement toward the shared aspirations. This means that mistakes and errors need to be understood and accepted. Mistakes and failures are our opportunities for learning and teaching. Faculty must begin from a premise of growing, expanding expectations rather than from a presumption of uniform expectation throughout the duration of the program. Student growth in competency taxes the faculty and administration, it is true. It tests our competency, doesn't it? And we would rather not be tested as frequently as we test our students.

This leads to a very sensitive aspect of the environment. Have you not had times when you were put out and angry because your perfectly good program was being "messed up" by the students demanding changes to meet their perception of their need when you knew what they needed? Or when you, as an instructor, were furious because a student "slaughtered" a perfectly good exam? Have you ever corrected papers with a vengeance? Have you ever given your students the 3rd degree or written them a rather nasty note reminding them what lousy nurses they would make? What was the result? You felt better, but what about the students? What happened to the environment? What became of your chances for retention? What was the students' perception of your effort, retention, or detention? What was missing? You may feel that there is no room for this in an academic setting, particularly in a professional program, but let me suggest it. The missing component in the environment was an attitude, a posture, of "forgiveness." An environment in which "forgiveness" is present is very different from one that is substantially judgmental. The latter is prone to punitiveness.

Now, let me summarize by returning to the maintenance of an environment in which our students are enabled to grow—more specifically to change. Remember that coming into the program means a very real transition for them with regard to their entire way of life:

1. Returning to college in a career, professional program is very different from compulsory elementary and secondary education. Moving from detention to a situation calling for options is a drastic change.

2. There is the need for change in social relations—interpersonal and intergroup with the pressure of changes in lifestyle inherent in upward mobility. These new relationships must be more satisfying than those that have prevailed in life.

3. The most awesome, almost terrifying, aspect of the change is the change from survival and dependency to being self-actuated and self-directed.

Thus the trying on of a uniform is much, much more than looking in the mirror to see how one looks. There is contained in the experience the trying on of the role identity of a nurse. You are their first audience: will you be excited, understanding, and accepting, or skeptical and judgmental? They can grow only with adequate role support from significant adults. Their perception of role identity may be very different from the actual. Our task is to help them grow into an increasingly more realistic role identity as they move through the program. The new role identity must be more satisfying than their previous role identity. And to accomplish this, each of the students must be able to find a role model among the administrators, faculty, and related professionals in the program. We need not be "all things" to all students but certainly to some. This is why the one-to-one relationship on the part of at least one program person is essential for retention. Because, otherwise they will seek their identity elsewhere. The one-to-one must be a planned purposeful interaction, however, between two human beings—not between a student and a professional. It is a series of learning and growing experiences for both participants.

As you are well aware by now, the point is—you are the environment, we are the environment, that will determine whether we can retain, or at best only detain, our students. Finally, the crucial component of a retaining environment is communication. The environment is determined by what we communicate. My hope is that I have also further laid the foundation for an environment that will retain rather than detain.

Transcultural Problems and Nursing Faculties*

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As a nurse, and more important, as a minority faculty person, I find great difficulty in keynoting such a workshop and most of all in focusing on your goals for the day. The objectives that you have set are ones for which we all know the answers, and workshops such as these will not assist us in coming to conclusions if we as individual people have not come to grips with these issues. Yet, some reason has made you give up a Saturday and come to spend the day. Therefore, I have chosen to select a few issues that would lead to some meaningful discussion during the group discussion period, some assessment of the problems. Perhaps at future workshops, plans for action and evaluation of these issues can be dealt with.

The first issue that faculties must face is the misnomer of the meaning of "affirmative action." Faculties and administrators are perpetuating a system of racial and ethnic discrimination by establishing "quotas" and "reasonable representation" of minorities on campuses. This policy persists and leads to a loss to society of those who might serve it best and further violates human and civil rights of individuals. Why should nursing assist in perpetuating an already "bad" situation? Some questions for nursing faculties: In your recruitment of students, do you visit predominantly white schools or do you give as much time to racial and ethnic schools? Do you encourage *all* students to pursue nursing as a career? What are some of the means whereby such recruitment could take place? Why not aim for equal representation in a class of all racial and ethnic groups? What would happen if a class were one-third white, one-third Black, and one-third Brown?

This leads to the second issue of color of skin or visible racial characteristics, both of which make discrimination relatively easy.

As nurse educators, we have greatly influenced nursing service and have given lip service to a premise "regardless of race, creed, or color." In our teaching and our concept of patient advocate, we have moved from a disease orientation—whereby we referred to people and nursed them by their diseased organ. We appear to be willing to move to a new value whereby people will be referred to and nursed by the color of their skin. Instead of the kidney in Room 12, we will teach and nurse the Black in Room 12. What happens inside us when we make this discriminating statement? I hope that a psychosocial-cultural awareness assists in the nursing assessment for the care of this individual rather than a categorizing for level of care. For, if the assessment is not based on the awareness of this individual for what and who he is, singling him out for the color of his skin will only serve to enhance the power of the nurse and render the person as irrelevant as he is treated by society. The nursing encounter is therefore rendered useless for the patient.

The third issue that I would like to bring into focus today is that of language. We as nurse educators are encouraging students to enroll in Spanish courses. This is especially relevant in southern California. Some of us have gone so far as to require Spanish as a cognate to the major. We advise students that understanding the language is important in communicating with the patient and his family. Students eagerly take our advice. But, do we admit that the student is better able to understand the patient and his family than we are? Are we as faculty willing to learn Spanish? Would this not increase our credibility as role models for students? Would we not enhance our professional responsibilities in the community?

As the fourth and final issue, I would like to ask you to examine the psychodynamics of the issues involved in "preparing yourselves for minority involvement." I am using the term "involvement," for teaching is "involvement with students." Dwelling on the injustices and prejudices of minorities is not as significant for us as educators as the outcomes of such acts—not only for the student but for us as nurses first and as teachers second. As nurses, we violate our basis for "being," that of caring and nurturance. To individual students, we violate our goals of assisting students to realize their career goals—that of nursing and caring.

For the minority students, we must realize that they must continually labor under onorous circumstances in that they are treated as members of a category irrespective of their individual merit. For nursing faculty, there is a distinct advantage in assisting these students, for nursing students have a distinct advantage over other minority students. Unlike others they do not have to be uncertain of their expectations of themselves or the responses of others. Once graduated they can get a job. The relationship between means and ends is definite—that of going to school leads to a job. The stereotypes of racial or ethnic prejudices need not impede the self-esteem of the minority nursing student.

I implore you as nursing faculty to open the doors through whatever means are available to you—practice the "role of minority student advocate."

*Presented at the Los Angeles Cluster Group Work Session, Los Angeles, California, March 30, 1974.

Strategies to Ensure Program Continuation

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Many nursing educators in the last two decades have recognized the need for training students and developing health service programs to deal with the distinctive and particular problems that derive from patients' ethnic heritage. Thus, training and service programs have been designed to supplement traditional nursing practice with new approaches to treatment for persons in special population groups.

The majority of these programs have been funded on an experimental or temporary basis (the great majority, through federal funding). Many of the programs designed, for example, to train nurses to provide comprehensive health care in the ghetto or the rural south came into being under OEO and HEW funding. Now, the federal programs that authorized them no longer exist, and continuation depends on funding from other sources.

Many schools of nursing want these programs to continue. Informed and up-to-date schools of nursing are recognizing that diagnosing illness can vary with patients' ethnic group membership, that treatment plans must consider the culture of the patient, and that practical experience within the community is as important to the student as professional training.

In the same manner that these schools seek to purchase the latest equipment to ensure that their students are properly trained and educated, they also are trying to revise their curriculum, hire faculty with competencies in ethnic nursing patterns, and admit students from ethnic communities. These changes are designed to ensure that their students know as much about the people they will be serving as about the equipment and methods they will be using.

OBJECTIVES

Schools of nursing should have professional and academically sound programs for developing students who can provide high-quality and safe health care to ethnic groups of color. If such programs have been dropped, they should be reinstated. Where threatened, they should be made secure, and where they exist, they should be expanded.

The lower health status within minority communities, the maldistribution of health personnel, the growth of malpractice suits, and possible antidiscrimination actions are all reasons why some schools include ethnic groups within their programs. However, the more fundamental and academic reason for doing so is that the educational program is ***not*** complete, and quality-safe health care cannot be provided by persons who have a limited professional and practice experience.

If the school fails to graduate students capable of providing quality-safe health care, the school has failed in its primary educational mission. Persons who support the inclusion of content and experiences related to ethnic groups of color can help prevent the school from failure.

Provision of ethnically oriented content and experiences in a school of nursing has three major objectives:

- To upgrade the academic character of the curriculum by revising content and teaching methods in ways that allow students to understand how patient care varies with individuals and cultural groups.
- To ensure the provision of quality-safe health care by providing the prospective nurse with learning experiences that can be transferred to actual practice
- To alter the maldistribution of health personnel by increasing the number of trained professionals from ethnic communities who, directly or indirectly, will be providing services to communities now lacking health personnel

Although the momentum for development of a school's capability to provide nurses who can give safe health care to all patients and ensuring distribution of trained nurses in areas of need are moving forward, there are forces at work to reduce or cut out these parts of the school's program.

A variety of different labels can be put on the forces: politics, inflation, budget cuts, racism, educational elitism, tradition, powerlessness, low-priority need, and so forth. Debate regarding reasons only serves to direct attention away from the reduction in program and its benefits and delay actions to reverse the impact of inadequate and inferior care.

MEANS

There are other programs and activities within the schools of nursing that have equal merit with the program and activities being discussed here. And, there are other programs that are not as important but are so entrenched that no one thinks of getting rid of them.

The major question in achieving the objective of starting or continuing a program is, How can the desired decision be obtained? Examples of the types of decisions that are needed to put the program on an academically sound and financially secure basis are:

1. The school will incorporate into its curriculum those experiences and content, as determined by a panel of specialists and field research, that will enable students to provide care to individuals of various ethnic groups.

*Presented at the Project Review Session, Santa Barbara, California, August 14, 1973.

2. The school will include in its graduation requirements and testing procedures measures to ensure that students have met the stated objectives.
3. The school will employ faculty and staff members who are capable of developing the school's capabilities and of ensuring student achievement in this area, giving this aspect of the curriculum a status similar to other professional requirements.
4. The school will place a designated number of these faculty and staff members in permanent slots with the full rights and privileges of faculty members.
5. The school will establish admission procedures to admit students from ethnic groups of color.
6. The school will earmark or otherwise provide funds from its base budget to meet the research, curriculum development, student and faculty requirements of keeping the program up to date.
7. The school will research its local and clinic population to determine ways in which the particular benefits of this program can be provided to the community currently being served by students.

While you are thinking about which one of the decisions is the starting point for your school, you will be deciding who will make the decision and who can influence the person or persons who have to make the decision.

You may decide to start with an individual faculty member who is responsible for clinical facilities; by getting the faculty member to survey the patients being served and including more content that is relevant to their needs, the ethnic program can be expanded for inclusion in other years of the curriculum. You may decide to go directly to the dean of the school of nursing or to the faculty committee on budget and present a statement on the type of faculty that should be recruited to fill an opening.

Wherever you start, your activities will eventually lead you to the problem of obtaining funds to start or continue your ethnic program. Programs cannot be continued or reinstated unless funds can be obtained to finance them. If the program is to have any chance of success, the funds must be continued over a number of years. This is not to suggest that you should reject short-term funding; one- or two-year funding will enable you to get a program off the ground or give new life to an existing one.

If you do obtain funds for only a short period of time, however, don't wait until that time is nearly gone to begin a frantic pursuit of new sources. Begin immediately to seek additional or future sources, using the methods that will be described in the following sections. In addition, be sure to comply with all the requirements for reporting that accompanied the allocation of funds.

By all means, build evaluative procedures into your program so that you can demonstrate the value of the program to the institution or organization that might provide funds for continuation. The evaluative techniques that you use should be designed to provide the continuing feedback that you need to improve your program. If you wait until the end of the funding period to conduct assessment or evaluation, you run the risk of discovering only then that your program or parts of it have failed to achieve your original objective. If this is the case, your chances of obtaining funds for continuation will be diminished.

WHERE TO LOOK FOR FUNDS

Many program directors facing a cut in funds blame the school of nursing and suggest that its administrators put low priority on improving health services to ethnic groups of color. However, their plight is not really with the school of nursing, particularly if the school is part of a larger academic institution. Most schools of nursing that are part of a publicly supported or a private institution have a per-student cost so much higher than the comparable cost in other academic divisions that the administration is likely to look askance at any requests for an increase.

As funds provided by most schools of nursing will have to come from the parent institution's overall budget, your program's share may have to be much lower than you need to operate your program. If this is the case, you have two courses of action open to you, and both should be pursued. *First*, get as large a share as possible of the nursing school's budget. *Second*, obtain funds from outside sources.

With respect to increasing your share of the total budget for the school of nursing, your real job is to work to increase the institution's budgetary allocation to the school of nursing. In addition, you will need to skillfully and tactfully work with the administrators of the nursing school to obtain an adequate share of its budget.

First, you will need to meet with the dean of your school to offer your assistance in campaigning for increased funding.

Ask the dean to provide you with a copy of the current operating and projected future budgets for the school of nursing. Make your request in a nonthreatening manner and be sure that the dean and faculty understand that you are assisting them in obtaining an overall increase in funding that will benefit other programs as well as your own. In addition, it will be necessary to obtain a budget for the entire institution if you are to have a clear perspective on that status of the school of nursing with respect to budgetary matters.

If your school cannot or will not provide you with a copy of this budget and the institution is financed by public funds, you can obtain a copy from the state legislature or state board of higher education. How do you get it? You can write directly for it. You can go to your congressman, representative, or congressional aide with your request. You can even ask the educational editor of your local newspaper to get it. (This will have the added advantage of increasing the editor's awareness of your needs and may even lead to a story or editorial on the plight of your program in the news media.)

Now, once you get a copy of the budget, what budgetary categories do you look at as a possible source of funds? The kind of money you want is called "hard"

money, the money that is automatically channeled to your program year after year. Make sure that the college has a commitment to your program in its budget. If your program is listed on what is called the "special" budget, beware—this is the category for funds that may or may not be received. Programs in this category are funded only if extra money becomes available.

Now, your next task is to look at all budget categories and to find out if appropriate levels of funding have been made for each. For example, look to see how many salaries are to be paid from each program's allocation. If you see that a program is budgeted for 100 staff at $10,000 each and the program only employs 90 staff, some of whom make less than $10,000, then you may have found $100,000 in unexpended funds that could be rechanneled to your program (or to your school, if you are looking at institutional programs). You may have to dig hard to find such funds, but if you look hard enough you will find them. The institution and its various schools do not make such information public; the finance division refers to such unexpended funds as "unexpended" or "sweet" or "released" or lapsed money.

Remember those terms so that when you talk with your dean or with the vice-president in charge of academic affairs you can say, "Look, our program is in danger of going out of existence. You must have some lapsed money somewhere that could be allocated to the school of nursing so that we can continue this program."

Understanding and being able to use the language of financing and budgets will help you, particularly if you anticipate resistance from those who make budgetary decisions. The correct language used in an informed manner and in the correct sequence is sometimes the most persuasive tool that you can have. Understanding the process can go a long way toward bringing you the funds you need. It indicates you know there are unexpended funds.

The released or lapsed funds that you are seeking can be allocated by your department chairman or dean if they have already been allocated to a program in the school of nursing. If the funds are earmarked for another department, they can be transferred to the school of nursing.

You can obtain the time you need to improve the program by getting time for faculty to participate in your program. Frequently, the released time can be given to faculty by your vice president or the dean of the school. In some cases, it may be desirable for the appropriate faculty committee to vote that the needs of the students require released time. Armed with this, the dean or vice president can use the faculty position as a basis for arguing with administration for the lapsed funds to have part-time personnel provide you the released time.

It is important to understand the concept of line-item budgeting. To understand the line-item concept, remember that a budget is an overall estimate of expected income and expenses, or operating results, for a period of time. On the institutional budget, the total amount allocated for the school of nursing will be broken down into categories such as "personnel," "equipment," "supplies," "travel," etc. This is done to account for expenditure of funds and to ensure that each category gets the amount budgeted for it. Each of these categories is called a line item (and may contain additional line items). Getting your program on the budget as a line item, then, is a way of ensuring that you will actually get the money. Money set aside for a particular line on the budget cannot be spent for other purposes unless all of it is not needed for the line-item purpose.

In initial budget planning phases, you should list all the program activities that will be performed and state how much each will cost. Typical activities might be:

- Developing curriculum on nursing in minority communities
- Guaranteeing nondiscrimination in the school of nursing
- Obtaining scholarships for minority students
- Counseling minority students
- Training faculty in health care needs of persons of color

Then, these activities have to be broken down on the budget in terms of the line-item categories that are acceptable and customarily used by your institution, such as:

- Staff
- Equipment
- Supplies
- Telephone
- Postage

A good tactic is to develop a detailed budget justification and a list of program activities. Refer to all of them often and to everyone who decides on the budget. Pretty soon, the concepts will enter the thinking of the people who are preparing the budget and they will include one or more of the program activities as justifications on the line items in the proposed budget. You will, of course, have to work with the budget planners, helping them to understand why each item must be included so that they can argue your case when they go before the budget committees.

After the school of nursing has presented its proposed budget to the appropriate personnel—usually in the office of a vice-president for academic affairs or of finance—it will be reviewed by a committee and by the vice-president. In a private institution this group along with the governing board will have the final say regarding the budget; in a public institution, the proposed budget will go first to a state board of education and then to the legislature.

Understanding the university's decision-making process is important. Many people contend that the university is an educational institution in pursuit of knowledge. If you ever attend a university budget meeting, you will quickly learn that the university is also a business. In fact, it is principally a business, and any part of it that becomes unprofitable can be forced to cease operation. Education is the service which justifies the outlay of tax dollars that enable the university and its programs to exist. A principal factor motivating the faculty to continue the university's existence is teaching students in order to get a salary. If you don't believe that, just try to cut faculty

salaries. Consequently, budgetary decisions regarding your school are going to be made on the basis of the demonstrated profitability of the nursing program to the institution.

Much negotiation and "politicking" back and forth will go on as cuts are proposed by the various reviewing bodies and the schools involved each defend their budgets. Obviously, the schools that the reviewers are most knowledgeable about or familiar with are going to be the most likely to get the most of what they requested. Many schools of nursing have lost out in this process because they have not understood the budgetary processes involved and because they have not "won the right friends and influenced the right people."

Another important contact is the president of your institution or the vice-president for development. Call up the vice-president for development and ask him or her to come to the school and help your administration and faculty understand the whole concept of development. Your invitation will probably be accepted as welcome relief from the task of seeking funds for the university. The vice-president will give you many tips and sources for funds. In addition, he or she will remember your needs in his or her contacts with potential funding sources.

In addition to conducting your own PR campaign with the decision makers, you may be able to enlist aid from the community you serve. For example, if ghetto or barrio residents know that a health program that has been serving them is going to be cut, they have some very effective ways of putting pressure on legislators. They can tell the news media that funds are being cut unnecessarily for their comprehensive health care program operated by the school of nursing. This is a particularly effective tool at election time; no legislator wants to be identified as one who is voting to give money to a college that overlooks the needs of minority communities that he or she serves.

When the community applies pressure, the legislators may turn to the school of nursing and ask, "What are you going to do to get these people off our backs?" This provides you the opportunity to say, "Fund our program, and we'll see that the people stay off your backs."

Always be on the lookout for ways in which you can increase your bargaining position. One way is to be informed about base costs for similar programs in other institutions. When you point out that neighboring states invest more than your state, proportionately, in programs like yours, you will have used a strategy that can often be most effective. It is especially successful in an institution in which there is little knowledge about how much it actually costs to provide services or to teach. It is easy to know the cost of equipment or construction because these costs are determined by vendors. But, as there is little understanding of what it actually costs to teach, many institutions identify the average expenditures of other institutions and budget their programs accordingly. You will be well armed if you know these comparative figures.

OBTAINING FEDERAL FUNDS

The most common mistake made by academicians in seeking funds from the federal government is dealing with bureaucrats rather than elected officials. Most schools will approach directors of agencies—who can be helpful and whose friendship must be cultivated—when they should be going to their legislators and asking, "Where can we get the money we need?" When a legislator refers you to and introduces you to an agency director, you can be sure your chances of obtaining funds will be many times increased. That's the nature of politics.

You will, of course, need to obtain information about federal funds, both those that are available directly from Washington and those that are channeled through revenue sharing to the states for allocation to particular kinds of programs. Again, your best source of information may be legislators or their aides who can direct you to copies of the legislation authorizing funds. Reading this legislation may even give you the upper hand over the bureaucrat who simply gives you pablum that won't tell you anything and may just lead to a great expenditure of time and effort on your part to no avail. To obtain funds, you must follow agency guidelines. But following them to a "T" is not enough if other schools have senators and congressmen putting in good words for them and you don't. If you learn nothing more than the regulations and standards that apply to all programs, you have not learned enough to apply for federal funds. You must get all the additional information that will put you in a competitive or lead position in the pursuit of funds. You must find out the underlying intent of the legislation that authorizes funds and then put your request for funds into the required conceptual framework, as you demonstrate how you will fulfill program guidelines and requirements. Sometimes this means you will have to redesign part of your program to qualify. Don't be leery of this form of compromise.

You can also be one up on other schools of nursing if you review the *Federal Register* and the *Commerce Business Daily*—every day. Both of these publications are available through the Government Printing Office and provide announcements of available funds and requirements for qualifications. For example, you may find that one of the National Institutes of Health is making funds available for the study of diabetes in Spanish-speaking populations. If you qualify for such a study, you may be able to design it so that your nursing students can provide health care to the population studied.

Ask your Congressmen or women to put you on their mailing lists so that you can be in contact with organizations that are responsible for legislation authorizing funds that you could qualify for. You may even be able to help shape the legislation if you've established ongoing contact with members of legislative committees; in this case, when funds are finally available you will then have an edge on other groups applying for them. For example, if the US Senate Committee on Labor and Health is going to conduct hearings related to health programming for minority groups, contact members of the Committee and offer to testify. At the very least, you

can write letters that will be incorporated into the record and that may help influence votes in favor of the proposed program components that you are concerned about—and for which you may be able to obtain funding.

In general, the same principles that are useful at the federal level should guide you in dealing with state or local legislators or agencies in seeking funds. Find out when state legislative hearings will be held, and get your staff and the community you serve involved in these hearings. To obtain funds through revenue sharing, cultivate friendships in the state offices that will allocate funds. You can do this socially or simply by asking for an appointment for the purpose of becoming informed about the funds that you may be qualified for. In a friendly but persistent manner, keep the contact going by making suggestions to the appropriate staff persons, inviting them to speak to your program, or informing them of the particular needs of your community.

Mobilizing your community can be very beneficial in the pursuit of federal money that is channeled through the state or local community. Remember that the people who make decisions regarding the allocation of these funds are going to give the money to the programs that they know the most about. Unless you let them know that you want the money and make it clear to the general public that you are seeking these funds, the funds have a strange way of ending up among the friends of the persons who handle the money. Mobilizing your community with firm, steady, strong, and visible arguments will make it difficult for the decision makers not to award at least some of the money to you. Use every means available—contacts at cocktail parties, letters, contacts at professional meetings—to make it clear that your programs deserve the money and that you are going to take every means available within the law to put your program in a favorable competitive position.

FUNDS FROM PRIVATE SOURCES

Similar strategies to those just described must be employed in your contacts with associations, companies, and foundations that have money available. Get initial information about them from their annual reports, from consulting firms, or from your professional organizations. Then, begin to cultivate friendships with the people who are in a position to make decisions regarding the allocation of funds. Use techniques such as inviting these persons to come to your school and educate your staff in fund-raising procedures.

When you contact any private sources, remember that you may have to conform to their profit and service motives. As long as your use of their money conforms to these motivations, you will be able to use the money to meet your own needs. If you can't meet your program objectives, don't take the money.

An effective strategy for keeping or increasing your funding is to rely heavily on health and professional associations and organizations either to provide you funds or to be carriers of your message. To obtain their discretionary funding, use the same principles that you would in seeking institutional or public funds. Be competitive, keep them informed of your needs, keep a high profile, and demonstrate your qualifications and worthiness in an effective proposal (after you've queried them regarding their receptivity to such a proposal). In effect, you want to put any prospective funder in the position of not being able to deny your request.

If the association cannot provide you funds, it can do some effective PR for you that will get its members looking to your program as a model. Think of the impact that would be made, for example, if a national association were to write a letter to schools, deans of nursing, and presidents of schools, indicating the strides your program was making in solving a significant problem and the impact it was having on nursing and health care. Think of the budgetary implications of that to the presidents and deans of other schools. Here you can play a role in spreading your program's principles and substantive features to many other institutions who will want to try something similar. One result of such an effort may be that they become your competitors in the search for funds, but your program's continuation is likely to be ensured by the publicity given to it.

Another method is to organize a meeting for the purpose of recognizing the contribution your funding source has made to your program and to the profession of nursing. Give them some recognition, and you will increase the chances of your continued funding.

Remember that people like to give money to winners, not to losers. Problems never get funded. Needs never get funded. Success *does* get funded. Keep your success story before the public, at national meetings, in professional circles, in legislative proceedings, and in the lay press. In all that you say about your program, take the positive approach. This does not mean that you have to exclude discussion of approaches that didn't work; just put your description of them in the context of positive learning and experience. For example, in defending a program for minority students, nurses often make statements such as, "It isn't true that they can't learn." That's the negative way of saying, "they can learn." When you are dealing with a person or an agency that is uncommitted and they hear you describe students as "high risk," they will focus on the potential for failure rather than success. They'll award their funds to the program that talks in terms of its students' achievements. Incidentally, there is a great need for language patterns that permit us to talk about students and about each other in racial- and ethnic-free terms, in terms of positive striving and accomplishments.

Ask the health organizations or philanthropic organizations to include your program in their public relations campaigns; many of them are looking for programs to describe in their brochures or depict in public service TV announcements. Contacts with these groups may have many additional benefits. For example, you may find that they will give you funds to develop curricula if you are willing to develop them in a fashion that they can use to train their own staff or distribute them to other programs. Large associations and organizations have the same problems you do. They have to hire bilingual inner-

city residents and train them to operate in the health environment, understanding medical terminology and concepts. They do not have the capability to develop such materials and they might be willing to fund a joint program with the school of nursing to develop the curriculum your students need, provided they could have access to it and it would be adaptable to their purposes.

Another pathway is to form an organization of people who share your concerns so that you can have a greater impact on the potential sources of support and strategies for change. It may be necessary to involve the students in this kind of activity or let the students organize themselves. They have more to lose than you do if programs are withdrawn. Consequently, they may more clearly perceive the need for action and the consequences of inaction.

USE OF CONSULTANTS

Identify and establish relationships with consultants who are knowledgeable about recruitment, retention, faculty development, student counseling, school administration, and the like. The more you can do to improve and enrich your program, the better your school's programs will be, the more students you will attract, the larger your overall budget will be, and the greater the portion of it that will go to your program. Consultants can be identified for you by regional offices of federal agencies or by professional organizations. You may even find that it is cost effective to hire a consultant to develop your proposal, that important documentation proves on paper that funds should be awarded to your program rather than to another. Sometimes you may want to put particular consultants or consulting organizations on an extended contract basis and let them evaluate your present fund-raising effort and suggest methods of improving it. If you can't afford this, it may be possible to join with other schools of nursing to finance technical assistance that will be mutually valuable.

Sometimes you may hurt your cause by focusing the attention of potential funding sources on the needs of minorities. Some funding sources are tired of hearing about the "minority" problem. With such groups, change your strategy and begin to think and talk in terms of maldistribution of personnel and services and its effect on public health. Focus on the lack of health care services in particular geographic areas and on the need to get nurses into those areas. Then, if the area contains a barrio or an Indian reservation, you will have brought services to its residents by obtaining funds to train nurses to serve that area. All you have to do is include curricula related to the special needs of people living in that area. Don't focus on the birthmark—skin color, ethnicity, and other factors that cannot be changed—as a rationale for service development. Focus on the target needs of people and on improving the system by which the needs are met. In defining the system, you solve the problem—not on the basis of the birthmark, but on the basis of the changeable characteristics of people.

The point is that the way in which you frame your proposed solution to a problem can permit your opponents to attack your argument and can defeat a valid and sound program because it is improperly labeled. If you label a program in terms of the need to provide particular services to X kind of community, you will be in trouble. If you label a minority program in such a fashion that it excludes or appears to exclude whites, you have defined it in segregationist terms, which is what we have thought we were fighting all this time. The courts, of necessity, have to reject that pattern of segregation, just as they did another pattern in 1954.

Consequently, I am suggesting that you devote your attention to the question of maldistribution of nurses and nursing services. That is a bona fide problem, irrespective of race or ethnic origin. Focus on defining a delivery system which will bring into it persons who are committed to providing service for X number of years in a particular geographic area that will be able to serve X number of people and get X kinds of results. The people who live in that area may be there by birthright or by psychological or philosophical definition, and you will have achieved your goal of developing services that meet their needs, but you will not be challenged in the courts on the basis of a racially motivated or racially identified program.

APPENDICES

APPENDIX A

Project Staff and Committees

STAFF

Marie Branch—Project Director. Formerly Assistant Professor, School of Nursing, University of California, Los Angeles, California.

Helen Calvo—Project Secretary. Active with Chicano community organizations.

PROJECT COMMITTEES

Planning Committee:

Ruth Gordon, R.N., Ph.D.
Director, Minority Fellowship Project, American Nurses' Association; formerly, member of Counseling Department, California State University, Northridge, California

Laura Martinez, R.N., M.S.
Minority Student Counselor and member of faculty, College of Nursing, University of New Mexico, Albuquerque, New Mexico

Jennie Joe, R.N., M.S.
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Advisory Committee:

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Vernon A. Bowman
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Indian Health Service
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APPENDIX B

Consultants to Participating Schools

Adams, Diane
Minority Student Coordinator
School of Nursing
University of California, San Francisco
San Francisco, California

Aguilar, Consuelo
Escondido, California

Archuleta, Vidilia
United Chicano Nurses
Denver, Colorado

Bello, Teresa
School of Nursing
University of California, San Francisco
San Francisco, California

Chavez, Jim
Servicios Utiles De Salud
Denver, Colorado

Cooper, Alyce
Palomar College
Alta Loma, California

Dorsey, Pauline Rodriquez
Concerned Chicano Nurses
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Fields, Lester
Office of Minority Student Affairs
University of Colorado, Denver Medica
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*Gordon, Ruth
Counseling Center
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Halpern, Marilyn
University of California, San Diego
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Jacques, Gladys
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Jimenez, Tillie
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Johnson, Lois
Black Nurses Conference
Denver, Colorado

Jordan, Michael
Portland Public Schools
Portland, Oregon

Manning, Leah
Intertribal Social Service Agency
Carson City, Nevada

Martinez, Laura
School of Nursing
University of New Mexico
Albuquerque, New Mexico

Pambrun, Audra
United Indian Association
Browning, Montana

Peques, Thelma
Nursing Program
Seattle Central Community College
Seattle, Washington

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College Readiness Program
College of San Mateo
San Mateo, California

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College of San Mateo
San Mateo, California

Ulibarri, Richard
University of Utah
Salt Lake City, Utah

Walter, Mildred
Education Consultant
Denver, Colorado

Warren, Hazel
Comprehensive Health Planning
Portland, Oregon

Welch, Jesse
Assistant Director, Admissions Office
Washington State University
Pullman, Washington

Wilson, Fay
Education Consultant
Los Angeles, California

*No longer with college or program.

APPENDIX C

Pre-Workshop Introduction, Preparation

August 1971

During this introductory workshop you will be outlining plans for the minority inclusion program you will undertake or expand during this fall. In order to facilitate this activity, it will be necessary for you to check out some facts and bring them with you.

Information needed from participating schools: Bring *one copy* for your use in the workshop *and an additional copy* to be submitted at time of registration, Thursday morning, 8/26.

1. Detail admission criteria for school of nursing students:
   a. From school bulletin and actual criteria used in committee decisions, include type of application.
   b. Is an autobiographical statement required during application and if so, how is this information used?
2. Process used for recruitment of students:
   a. Sources of students—how do students in geographical area learn about nursing and how do they learn about your program?

b. Is there a trend for students to apply from one particular city or section of city?

c. Can students' ethnic identity be determined by their names, their residence address, or in some other way?

d. How is this information used?

3. Pre-entry exams

a. Are pre-entry exams required by:

1. College or university in which nursing program is located?

2. By the nursing program?

b. Are the exams culture free or culturally relevant?

c. How are they used (for admission or to determine skill levels, or both)?

4. State the institutional definition of "disadvantaged student" (educational, financial, cultural or other).

5. Describe the type and amount of *minority* student involvement in your school of nursing committees.

6. Describe the involvement of other minorities in your school of nursing decision-making bodies (this includes minorities on campus or from the outside community).

7. Describe your minority affairs committee or equivalent.
Membership:
Functions:

8. State your school's needs:
a. Recruitment:
b. Retention:
c. Curricular change to meet minority community needs:

9. List articles, books, films, and records on the topics of minority affairs and poverty with which you are familiar and would suggest for others to use.

10. Name the three most recent readings you have completed on poverty and minority affairs.

APPENDIX D

Commitment Forms:

1971 and 1972-1974

COMMITMENT TO JOIN PROJECT, 1971

As project participants representing your school of nursing, you are requested to submit to the project staff information regarding the exact commitment your nursing program has for this project. Our expectation is that you will begin implementation of your stated objectives during early fall 1971. You may want to revise these statements at a later date, but for now we would like to know the type of program you are expecting to implement at your home school.

Please fill this out in duplicate. Give one copy to your group leader before Saturday noon and keep the second copy to share with your school of nursing faculty.

1. Program objectives (state in behavioral terms and be as specific as possible):
2. Program methodology (include specific activities; describe the means you will use to get ethnic minority input and the type of supportive services you plan to include):
3. Expected outcomes of your school's program (specify the approximate date you expect to have accomplished your objectives):
4. Method of evaluating effectiveness of program:
5. Plan for implementation of other aspects of the project (if you plan to begin with a recruitment program, describe your plans for implementation of the retention and curricular change aspects of this project):

FORMAT FOR COMMITMENT, 1972-1974

School: Dean/Department chairman

Participant name: Minority committee (membership to be composed of students, faculty, community representatives, and alumni):

Methodology (how do you plan to meet the objective(s)?):

Responsibility (by whom?):

Timetable (when):

Resources (human, time, fiscal, physical, etc.):

Constraints (problems):

Reconciling constraints (selection of most viable alternative as solution):

Administration sanction and support (by whom, how, when):

Commentary:

APPENDIX E

Guidelines for Schools

The following outline is a broad guideline for program development at individual schools participating in this project. It spells out expectations rather than details of program activities. It is expected that each school will have a viable program within one year from fall, 1971, and that a plan will be presented for inclusion of minority faculty and students in numbers which reflect the size of the local ethnic group populations. (Mental health catchment areas can be used for population statistics). Priority for recruitment should be given to the geographical area in the immediate vicinity of the school.

FACULTY PREPARATION:

Total faculty preparation should be done in a structure which includes students, community persons representing the ethnic groups considered for recruitment, and possibly, members of the ethnic centers on campus. Areas to include:

1. The exact commitment the school of nursing has made to this project.
2. Assessment of faculty attitudes towards the inclusion of minority students for successful completion of the nursing program.
3. Dynamics of change—how to be a change agent.
4. Cultural awareness and knowledge of client community and utilization of same in determining criteria for student learning and student evaluation (i.e., oral rather than written tests).
5. Cultural awareness and utilization of same in formulating plans for inclusion of ethnic minorities on the faculty and staff.
6. Principles of community organization.
7. Approaches to the minority community; how to determine the leadership, power structure, etc.
8. Extension of the role of faculty on campus. School of nursing faculty might become a part of Special Education or Special Admission selection committees, include ethnic studies courses in the course recommendation lists, and consider bringing ethnic center staff into committees of the school of nursing and/or teach classes in school of nursing (as guest lecturers if not a part of permanent teaching staff).
9. Counseling skills strengthened through consultation with professionals who represent the ethnic groups being recruited into the school. (Professionals on campus, contact with local community M.H. Center, human relations center, etc. Choice of persons should be sanctioned by the advisory group and student population.)
10. Expanded knowledge of referral sources for ethnic minority students who should be seeing an individual of her or his own ethnic group for personal counseling.
11. The utilization of sound educational principles which give priority to the process of learning rather than the teaching of techniques and procedures.†
12. The utilization of the multidisciplinary approach to teaching, drawing from the social sciences.
13. Inclusion of inservice and orientation activities for new faculty members.
14. Summaries of successful minority inclusion programs, particularly those that have been initiated in your community.

PROGRAM PLANNING:

An advisory group is suggested as a means of providing broad input for planning of individual school of nursing programs.

Recommendations for the composition of the Advisory Committee:

1. School of nursing minority affairs committee
   Ethnic minority faculty and other faculty, students, including ethnic minorities, minority community representatives, alumni.
2. Other individuals already involved with the target population
   Community recruiters, Upward Bound personnel, EOP or special minority education program personnel, college-bound program personnel, high school counselors, representatives of outlying areas.
3. Representation from financial aid sources
   Reservation principals, BIA relocation experts, local ethnic organizations (NAACP, tribal councils, etc.), other state and federal agencies, private foundations and community recruitment programs.
4. Admissions personnel
   College admissions officers and special minority admission personnel such as EOP, etc. Any persons making decisions about special admissions of minority students.
5. Local WICHE minority project advisory planning committee members
   (A committee list is included in your workshop packet).

IMPLEMENTATION:

Accountability for implementation of school of nursing programs is two-fold: (1) To the School of Nursing Program Advisory Committee or group of individuals representing various community and campus segments previously outlined. This excludes unilateral decisions within the school of nursing; (2) to the director of the WICHE-sponsored project under which the individual school program is developed.

*Prepared by the Project Planning Committee, August, 1971, for use at Project Introductory Workshop, San Diego, California, August 1971.

†Suggested reference: Robert F. Mager, *Preparing Instructional Objectives*. Palo Alto, Calif.: Fearon Pub., 1962.

1. School of Nursing Program Advisory Group
   It is expected that there will be periodic meetings (with recorded minutes) with the advisory group and that they will be consulted regarding problems and specific activities related to school of nursing programs. Open and honest communication is a necessary ingredient in all aspects of this project.
2. WICHE Faculty Development Project
   Periodic reports will be required. The frequency during the first 6 months will be monthly. Frequency after the first 6 months will be determined by the project planning committee.
3. Reports will include:
   a. Minutes and reports of meetings with the school of nursing advisory group including a statement of the type of interaction with the group and an analysis of their effectiveness.
   b. Progress statement for each of the activity areas stated in the commitment.
   c. Anecdotal notes indicating program activities, planned activities, extent of faculty support, specific supportive services used, etc.
   d. Breakdown of ethnic students enrolled in the school of nursing program and statistics regarding changes in the school of nursing ethnic population. Please differentiate between graduate and undergraduate students.
   e. Composition of faculty (same as #4).
   f. Number of students contacted through program activities.
   g. Number of students recruited.
   h. Number of students enrolled and basis for selection.
   i. Number of students retained at each level. (Include description of any problems encountered.)
   j. Number of students dropped and reasons.
   k. Number of students graduated and details of academic standing.
   l. Other.

EVALUATION:

Evaluation should be done on a quarterly basis with reports submitted to the WICHE project director at that time. This is in addition to the monthly progress reports previously mentioned.

Areas to be included in evaluation: Are project goals being met? If so, in what way?

Have effective steps been taken to implement the school nursing program? If not, identify the interference.

Have success factors been considered in the evaluation (i.e., minority student enrollment, student progress, etc.)? Is there a need for additional student funding?

Has a review been made of students, recruiters, community input, and faculty?

RECOMMENDATIONS:

Recommendations should be a product of the entire advisory group, based on the evaluations and progress reports.

Activities, information, and resources should be shared with other schools and agencies (e.g., RMP for collaboration on manpower studies).

Summaries of quarterly reports will be shared by WICHE with all participating schools.

APPENDIX F
Consultant Guide
MATERIALS PREPARED FOR CONSULTANTS

1. Recruitment Considerations

What is interfering with the flow of minority students under regular admission policies and procedures?

Assessment	*Suggested Action*
College image negative for minority groups	Picture minorities in nursing brochure and recruitment materials. State philosophy of intent to include minorities (school brochure, press releases, etc.) Hire minority faculty & counselors.
Pre-entry requirements discourage students from academically inferior high schools	Plan early course counseling, pre-entry program or course work in campus skills centers. Plan early recruitment & assessment of academic gaps. Encourage nonmajor courses and prep. courses. Offer self-paced nursing courses.
RN students required to repeat most of their previous courses	Offer credit for previous courses & work experiences. If challenging exams are offered, evaluate cost of each exam and relevancy to student experience.
Financial support lacking or nonexplicit	Plan school of nursing input in financial aid office. Plan for grant for first year to risk students and loan/grant combination once student is academically stable.
Faculty lacks awareness of minority needs	Plan inservice education with total faculty group. Involve campus urban affairs office, ethnic studies center staff, community groups experienced & willing to assist. Provide funds for speakers. Take faculty to minority communities when possible. Use resources from this project.
Few minorities on faculty	Organize a minority affairs committee to provide input from campus and minorities. Use capitation and FTE funds to hire minority counselors and faculty. Utilize alumni and other minority nurse groups in community.
Poor coordination with other recruitment projects on campus or in community	Invite other recruitment representatives to join minority affairs committee or meet regularly to coordinate activities.
School of nursing not reaching nurse aides and LVNs desiring RN education	Provide written materials for community manpower programs, hospitals, community health centers, social agencies, churches and clubs.
Career counseling inadequate in public schools	Involve junior high and high school counselors on minorities affairs committee. Hold work sessions with administrators, teachers and counselors from target high schools. Prepare written materials on career opportunities and pre-entry requirements for school of nursing. Nursing departments faculties need to go through the process of gaining insight into the mechanism of financial aid. This knowledge would enable the faculty to better inform the students, and stop some of the harassment of the students from the business office. The dean of the school of nursing should make herself and her staff aware of the kinds of funding the student is financed by and find out what kinds of problems are anticipated and assist student in obtaining necessary funds prior to due dates. Encourage child care facilities.

	Schools of nursing should supply information to prospective students during recruitment stage to investigate the campus and health facility where they are located to become aware of what each has to offer, as far as what each particular student feels is her need (such as ethnic community organizations, youth groups, religious groups, etc.).
	Plan and organize fund raising for emergency loans and supplemental funds.
	Encourage peer support groups within school of nursing or outer campus. Leadership can be provided by minority faculty in school of nursing or campus, local minority nurse or civic groups or minority community mental health staff.
Frustration of student as a result of being overwhelmed by core curriculum	Identify essential learning and adjust curriculum accordingly.
	Cultural workshops preferably by minority students should be held for both fellow students and entire faculty.
	Select role models of the ethnic minority to come in as guest speakers in each of subjects that are offered in the nursing curriculum.
2. Retention Considerations	
Some minority students enter school of nursing with academic gaps in basic skills	Provide *early* assessment of skills prior to entry into nursing courses. Early recruitment provides this opportunity. Counsel students into already existing remedial courses.
	Offer tutorial services without the degrading aspect. Students shouldn't be singled out or grouped to make them feel as failures.
	Plan a pre-entry program to acquaint students with the learning requirements they will confront in school of nursing and familiarize them with campus and clinical facilities.
	Examine texts and other school of nursing teaching materials re potential for self-study and peer and faculty tutoring.
	Arrange self-pacing schedule in school of nursing courses. Emphasis should be applied early in nursing programs to utilize services outside the schools to help in the retention of students.
Financial and personal hardships interfere	Regular counseling with sensitive staff provides opportunity for students to seek guidance on problems that interfere with learning.
	Faculty should provide for sufficient time with students to go over processes of scholarships or other types of payments funds which enable students to stay in the program.

3. Pointers on Curricular Change

I. Recognition of the philosophy of the school
   A. To prepare practitioners to care for *all* people
   B. To meet the health needs of the local community (as well as the world community)

II. Knowledge of the mission of the school

III. Careful objective formulation
   A. In keeping with the philosophy and mission of the school
   B. In keeping with the
      1. Nature of the learner
      2. Nature of the educator
      3. Society to be served

IV. Determination of the attitude of the faculty
   A. Toward the student population
   B. Toward the community
   C. Toward the faculty and administration

V. Knowledge of the significant goals of education
   A. A divergent problem-solving ability (looking at all of the options for problem solving)
   B. Learning to be responsible and encouraging responsibility for one's own behavior
   C. Continuous opportunities for novel situations which increase one's options for decision-making responsibility

VI. Knowledge of basic principles of learning
   A. Readiness of the learner (experience background)
   B. Individual learning styles
   C. Individual differences in growth and maturation
   D. Individual assessment and evaluation (emphasis on individual progress instead of total reliance on group norms and group data)
   E. Human beings have a natural learning potential
   F. Significant learning takes place when the subject matter is perceived by the student as having relevance for his own purpose
   G. Learning which involves a change in self-organization—in the perception of oneself—is threatening and tends to be resented
   H. Those learnings which are threatening to the self are more easily perceived and assimilated when external threats are at a mimimum
   I. When threat to the self is low, experience can be perceived in differentiated fashion and learning can proceed
   J. Much significant learning is acquired through doing
   K. Learning is facilitated when the student participates responsibly in the learning process
   L. Self-initiated learning which involves the whole person of the learner—feelings as well as intellect—is the most lasting and pervasive
   M. Independence, creativity, and self-reliance are all facilitated when self-criticism and self-evaluation are basic and evaluation by others is of secondary importance.
   N. *The most socially useful learning in the modern* world is the learning of the process of learning, a continuing openness to experience and incorporation into oneself of the process of change.

VII. Identification of the case knowledge required for a safe practitioner in a pluralistic and dynamic society (with multiethnic clientele)
   A. Human beings live in a continually changing environment
   B. The goal of education is to facilitate change and learning
      1. An educated person is one who knows how to learn (the process of seeking knowledge)
      2. Changingness, a reliance on the process rather than static knowledge, is the goal of modern education
   C. Creating an environment conducive to a community of learners (teacher and pupil)
      1. To free curiosity
      2. To permit individuals to go off into new directions as dictated by their own interests
      3. To unleash the sense of inquiry
      4. To open everything to questioning and explanation
      5. To recognize that everything is in the process of change
   D. Include content specific to minority perspectives
      1. Grooming and other personal care
      2. Physiological change distinctions
      3. Diet and nutrition
      4. Cultural practices relating to health and well-being

VIII. Knowledge of the qualities which facilitate learning
   A. The learning facilitator must be a real (genuine) person who is willing to enter a direct encounter with the learner on a person-to-person basis
   B. The learning facilitator must prize the learner, his feelings, his opinion, his person, his worth in his own right
   C. Empathetic understanding

IX. Selection of faculty
   A. In selection of faculty members, priority should be given to minority leaders in the nursing profession so the students could relate to these members of staff
   B. These members should be carefully selected, as not having a background of not identifying with their origin

References: Curricular Change

Eisner, Elliot W. (ed.) *Confronting Curriculum Reform.* Boston: Little, Brown and Company, 1971.

Kaufman, Roger A. *Educational System Planning.* Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1972

Rogers, Carl, and Conradson, William R. *Freedom to Learn.* Columbus: Charles E. Merrill Publishing Co., 1969.

Wilson, L. Craig. *The Open Access Curriculum.* Boston: Allyn and Bacon, 1971.

4. Resources Suggested to Participants

Materials—bibliographic lists distributed at summer workshops, 1971 and 1972.

NEO packets purchased by participants at summer 1972 workshop.

Persons—Resource person list includes former workshop staff members and others suggested for program planning and minority community contacts. Ethnic nurse organizations.

Nurse Training Act funding—Financial support of part-time and full-time students enrolled in nursing courses is available through Nurse Training Act funds which are distributed through college financial aid offices.

Funding for support and innovative programs is available through capitation funds. DHEW Division of Nursing regional consultants has application forms and can provide advice on application procedures.

Funding for special projects is available through Division of Nursing, DHEW.

Other funding is specified—Nurse Training Act guidelines.

References: Recruitment/Retention

ODWIN articles, Opening the Doors Wider in Nursing, Inc. 55 Dimock Street, Roxbury, Mass. 02119

NEO Guide

Nursing Education Opportunities, Inc. 55 Dimock St., Roxbury, Mass. 02119

5. Consultant Report

NAME ..... DATE OF VISIT .....

NAME OF SCHOOL VISITED .....

With whom did you meet (e.g., dean, director, faculty participants, minority committee, faculty, students, other campus administrators, etc.)?

What were the specific objectives of the visit?

What were the outcomes of the visit? (State school plans for follow-up to your visit)

Other comments:

APPENDIX G
Statistics from Participating Schools

STUDENTS

	Associate Degree Nursing Programs* (21)		Baccalaureate Degree Nursing Programs* (19)		Graduate Degree Nursing Programs* (6)	
	1971	1974	1971	1974	1971	1974
American Indian	24	26	16	60	1	8
Asian	32	44	78	146	15	20
Black	242	267	127	251	32	51
Chicano	109	185	74	220	9	14
Total minority students	407	522	295	677	57	93
Total students	2118	2614	4100	5825	614	677

FACULTY

	Associate Degree Nursing Programs		Baccalaureate and Graduate Degree Nursing Programs	
	1971	1974	1971	1974
			30	57
Total faculty	181	398		
Total students	2118	2614	587	739

*Number of schools reporting. Note: All graduate degree programs are combined with baccalaureate programs and should not be considered a separate school in the total count.

APPENDIX H
Cluster Group Work Sessions

Cluster Group	Work Session Title or Topic	Date
Arizona	Recruitment, Retention, and Curricular Change	3/9/73
California		
Northern (total group of schools)	"Everything You Wanted to Know about Minorities but Were Afraid to Ask"	3/17/73
San Francisco Bay Area	"The Minority Student and You"	3/24/74
San Mateo/San Jose	Institutional Barriers to Minority Student Inclusion	1/15/72
	Minority Student/Faculty Interactions	2/24/73
Southern	"Interethnic Understanding, The Expert in All of Us"	3/10/74
Colorado	Faculty Development and Awareness	1/26/73
	Recruitment Barriers	4/13/73
	Retention Barriers	5/4/73
	"Inclusion of Cross-Cultural Content in the Curriculum"	4/25-26/74
Montana	Planning with the American Indian Community	1973
Oregon	"The Minority Student on Campus"	5/18/73
Washington		
Seattle/Tacoma/Everett	"We All Have Our Hang-Ups" (Awareness)	4/13/73
	"What Comes After" (Retention)	11/9/73
	Filipino Culture	11/8/74
Spokane	"Patient Care—Does Culture Make a Difference?	4/22/72
Utah	The Indian Student and Culture	1/27/72
	The Chicano Student and Culture	4/18/72

APPENDIX I
Components of a Responsible Program*

Pre-College	College			Post-College
	Recruitment	Retention	Curricular Revision	Student Placement
Junior High Opportunities — National Science Institute and Oakridge —Cooperative education programs — Cooperative education courses — Guidance classes —Candy Stripers and similar programs *High School Contacts* —Career days — Health councils, clubs, and fairs — College-bound course work — Knowledge of nursing programs a) app. deadline LPN b) support services 2 yr. c) 4 yr. *Higher Education Counseling* Jr. college open admission college closed admission nursing — NLN-approved a) challenge opportunity b) scholarship — Non-NLN approved B.S. or M.S. articulation Sr. college — NLN accreditation — Private or state — Pre-entry program—Special programs — Supportive services	*Reception* (warm vs. noncaring nursing personnel) Non-nursing — Admission office — Selection committee — Secretary or receptionist *Attitude* — Warm and caring (nonpaternalistic) vs. ambiguous and stereotypical *Practice* — Admission criteria traditional Nontraditional — Support services — Scholarships — Counseling — Tutoring — Follow-through commitment to enroll, retain to successful completion, and meaningful employment Professional development SNA and other relevant organizations Involve ethnic minority communities and/or ethnic programs on campus through school of nursing affairs committe or equivalent	*Quality and Relevant Curriculum* — Begin where the student is — Behaviorally show that the dignity of the learner is respected — Provide frequent evaluations vs. 1 to 2 exams per term *Early Major Declaration* *Faculty* — Ethnic minority role models — Accountable to community (total faculty group) — Skilled practitioner, theoretician (teacher) researcher and/or admit limitations re: general teaching — Tripartite faculty evaluation a) student b) community c) peers Recruit in numbers — Opportunities for advancement *Provide Minority Students with Advocacy* Minority affairs counselor or full- or part-time equivalent — Support services available early, scholarships, counseling, tutoring	***Individualization*** — Contracts for performance (individual and group) with students — Tutorial community (peer and/or group) — Based on needs of students, community, and educator — Self-paced freshman course — Self-contained —Maximum challenges (i.e., credit by exam) — Naturalistic setting for lab (community, world) *Faculty* — Multidisciplinary nursing faculties (expertise vs. trad. credit requirements) — Multicultural, multiethnic curriculum that keeps in step with the times and needs for sensitive, safe practitioners — Utilization of other college and community resources *Progressive Curriculum* — Provides opportunity for students to combine study and other responsibilities — Builds on other nursing studies	*Employment Counseling* — CV or placement file with school — ANA through local (dist.) association or other professional organizations — Contract negotiation (teach students how to handle this) *Employment* (should have knowledge about potential centers for placement) — Minority community — Majority community ***Professional Development*** (ongoing) — Good inservice programs Remuneration and time off to further formal education — Sabbaticals and/or other viable arrangement — Graduate education—seek money and opportunity for students ***Exchange Programs*** (faculty and students)

*Developed by the Project Planning Committee, June 10, 1973.

APPENDIX J

Memo to WCHEN Minority Issues Steering Committee

WICHE
WESTERN INTERSTATE COMMISSION
FOR HIGHER EDUCATION

To: Teresa Bello, Chairwoman, WCHEN Steering Committee
From: Marie Branch, Project Director
Subject: Faculty Development to Meet Minority Inclusion in Nursing

I want to formalize our several discussions about the issues which have emerged throughout the course of our project. This is not a comprehensive list. I've selected those issues which would move quickly by a regional approach. I hope they will be considered by your Steering Committee keeping in mind that the need for action in each of these areas can be documented through our project. We have some letters and reports which substantiate need and faculty participants can provide more of the same.

Our project support group will meet in California, July 12-13. Since you will be attending that meeting, I presume that you will gather other information at that time, which will be directly applicable to Steering Committee business.

Our project goals are the recruitment and retention of ethnic students of color and curricular revisions to introduce cultural diversity content. Faculty participants are concerned that a continuation of efforts under these three categories include:

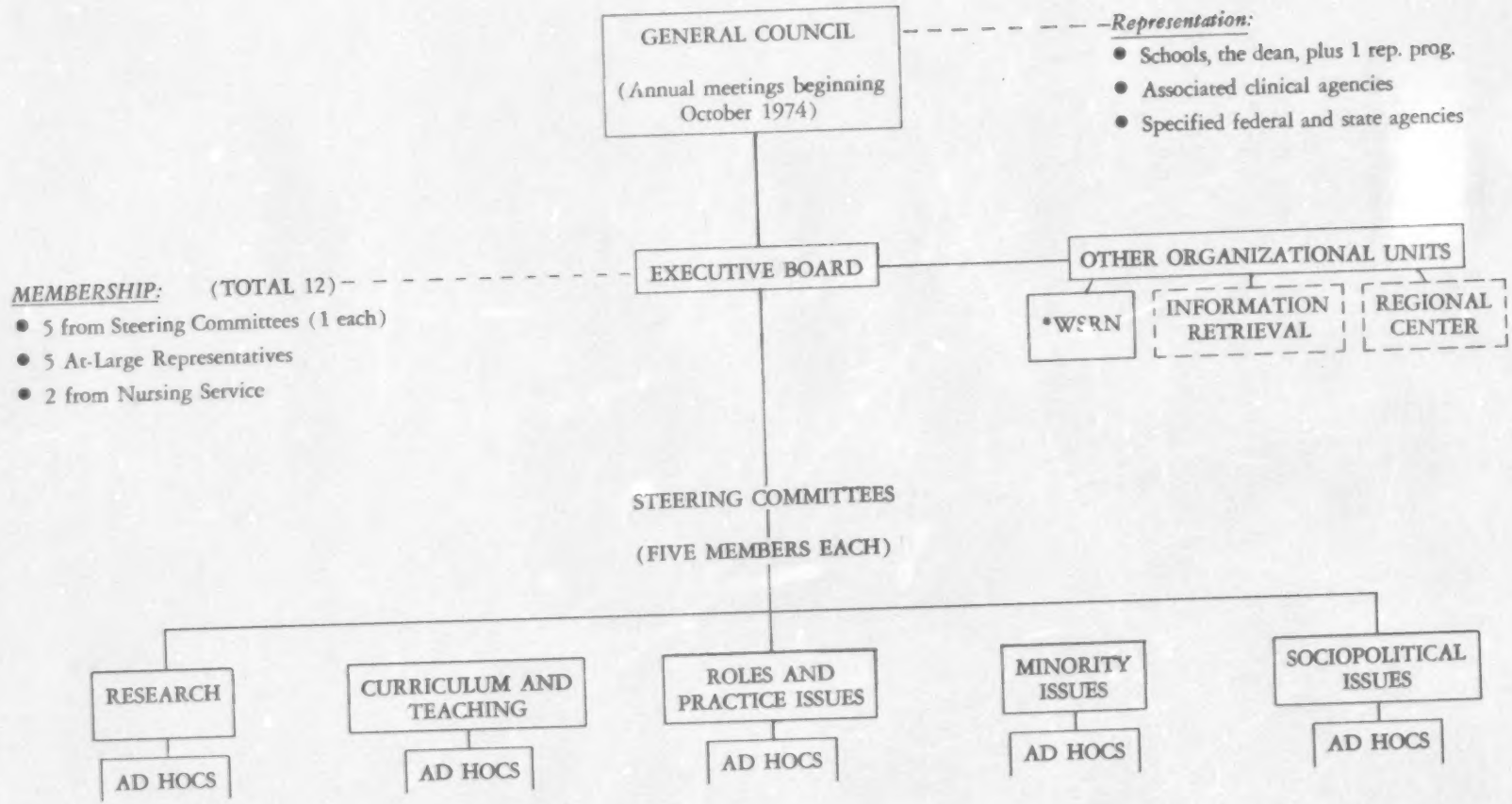
1. A centralized resource center for sharing information re methodology and successful programs in nursing and other fields.
2. A means of sharing talent (i.e., teacher exchange and ethnic student coordinator consultation).
3. A source of consultation to schools that are setting up new recruitment and/or retention programs and/or curriculum revision plans for inclusion of content on cultural diversity. (It has been suggested that this function should be taken on by WCHEN as an ongoing service past the phase out of the Faculty Development Project.)
4. A means of identifying nursing faculty and students who represent ethnic groups of color.
5. The need to look at admission criteria for schools of nursing and the ways in which ethnic students of color are penalized.
6. A means of impacting several groups that directly or indirectly affect the successful course of RN preparation for ethnic persons of color.
   a. NLN—ensure changes necessary to build accountability into the criteria for accreditation of schools of nursing (i.e., support UCLA's resolution and recommend it to NLN and ANA).
   b. State Boards of Nursing—prompt changes in test pools (include ethnic content) and in methods of testing (Calif. has partial approval for an alternative testing method).
   c. ANA—provide support for the AA Task Force recommendations and encourage changes in the ANA test pools of exams, including the selection of ethnic persons of color to write questions which reflect the examinee's sensitivity and skills in caring for culturally diverse groups.
7. A receiving place is needed for concerns of ethnic nurses of color who are practicing throughout the West. An example is the June 21-22 meeting of Navajo nurses in Chinle, Arizona.

Our Planning Committee and I wish to be as helpful as possible in getting the Steering Committee launched.

/hc
cc: Planning Committee

APPENDIX K

WCHEN Structure



Steering Committee: Experts in each content area to help coordinate Ad Hoc activities. WICHE Staff, as available, will work with each committee.

Nominating Committee: For Executive Board, Steering Committee membership, and Nominating Committee.

*WSRN: Western Society for Research in Nursing.

APPENDIX L

Ethnic Minority Nurse Organizations

STATE ORGANIZATIONS

CALIFORNIA

Bay Area Black Nurses' Association
Margaret Jordan, Chairperson
Ruth Ann Terry, Chairperson
Education Committee
Minority Student Center
2112 Berkeley Way
Berkeley, CA 94720

alifornia Indian Nurse Association
nnie Joe, Chairperson
580 O'Hare Ave.
n Pablo, CA 94806
916 322-2950 (messages)

Co rned Chicano Nurses, Inc.
Herlinda Q. Jackson, Chairperson
East LA Mental Health Center
512 South Indiana
Los Angeles, CA 90063
213 268-9161

Council of Black Nurses, Los Angeles
Ophelia Long, President
2431 West 116th Street
Los Angeles, CA 90303

Latin American Nurses Association
Sarah G. Erlach
Nursing Consultant—State Dept. of Health
Rural Health Program
Sacramento, CA 95825

Philippine Nurses Association
Maria R. Pablico
Clinical Instructor
Cedars-Sinai Medical Center
4833 Fountain Avenue
Los Angeles, CA 90029

COLORADO

Colorado Black Nurses
Lois Johnson, President
3550 Monaco Parkway
Denver, CO 80003

United Chicano Nurses
c/o Vi Archuleta
6861 Saulsbury Street
Arvada, CO 80003

WASHINGTON

Mary Mahoney Club
Maxine Haynes, Chairperson
1520 Lake Washington Boulevard
Seattle, WA 98144

Filipino Nurse Association
Rosario de Gracia, Chairperson
School of Nursing
Seattle University
Seattle, WA 98122

NATIONAL ORGANIZATIONS

American Indian Nurses' Association
Rosemary Wood, Executive Director
1801 Burnt Oak
Norman, OK 73069
Janice Kekahbah, President
P.O. Box 1385
Norman, OK 73069
405 360-0540

National Black Nurses Association, Inc.
Dr. Lauranne Sams, President
P.O. Box 8295
Canton, OH 48711

National Spanish-Speaking–Spanish-Surnamed Nurses Association
(formed during ANA Convention, June 1974)
Contact: Teresa Bello
1355 Willard Street #31
San Francisco, CA 94117

APPENDIX M

Western Regional Consortium for Minority Group Needs in Nursing

COORDINATOR—Gladys Jacques
University of California, Los Angeles 90024

AREA REPRESENTATIVES

California

Los Angeles	Wanda Pentecost, School of Nursing California State University, Long Beach 90804
Northern California	Diane Adams, School of Nursing University of California, San Francisco 91422
San Diego	Shirley Murphy, American Indian Community 4053 44th Street, San Diego 92106
Colorado	Karen Babich, School of Nursing University of Northern Colorado, Greeley 80631
New Mexico	Laura Martinez, School of Nursing University of New Mexico, Albuquerque 87106
Oregon	Naomi Ballard, School of Nursing University of Oregon, Portland 97201
Utah	Janice Hassell, School of Nursing University of Utah, Salt Lake City 84112
East Washington	Sylvia Bennett, Intercollegiate Nursing Center, Spokane 99204
West Washington	Mary Bush, School of Nursing University of Washington, Seattle 98105

PLANNING GROUP

Beth Moore	School of Nursing, California State University, Long Beach 90804
Maria Pablico	Philippine Nurses Association, Los Angeles; c/o Cedars-Sinai Medical Center 4833 Founrain Avenue Los Angeles, CA 90029
Linda Bolton	Council of Black Nurses, 2431 W. 116 Street, Los Angeles 90303
Alyce Cooper	School of Nursing Palomar College, San Marcos 92069
Pauline Dorsey	Concerned Chicana Nurses, Inc. 5366 Stillwater Drive, Los Angeles 90008

GOALS AND PURPOSES*

Overall:

To coordinate activities that require collaborative efforts in the western region of the country related to assuring the institutionalization of safe nursing practice to communities. Specific focus of activities will be on communities of ethnic people of color.

Specific:

1. INFORMATION AND EXCHANGE
   a. Provide communication and exchange networks among members
   b. Provide clearing house for information
   c. Disseminate information regarding current practices, issues, programs, trends, etc.
   d. Engage in public relations (e.g., newsletters, lecture tours, etc.)
2. RESEARCH AND EVALUATION
   a. Develop evaluation mechanisms for nursing research in target communities
   b. Identify issues and values pertinent to target populations
   c. Develop viable and relevant research mechanisms (review, validation, etc.)
   d. Assist educational institutions in determining impact of their programs on service delivery
   e. Develop creations for program development
3. CONTINUING EDUCATION
   a. Provide education for members of the organization

*Timing priorities for planning and implementation: A, Goals 1, 6; B, Goals 3, 4, 5; C, Goal 2.

b. Provide mechanisms for members to become more effective institutional change agents

c. Encourage programs for consumer education

d. Provide consultation services and technical assistance

e. Develop creations for curriculum development

f. Identify alternatives to traditional educational methods

4. MANPOWER

a. Identify and develop ethnic nurses of color — increasing the pool of practicing nurses, educators, researchers, and consultants for resource exchange

b. Encourage more involvement of ethnic nurses of color in the continuing education process

5. SOCIOPOLITICAL

a. Identify issues, current practices, trends related to the interests of members and their clients

b. Provide a forum for developing positions on issues

c. Recommend mechanisms for political action related to issues

d. Establish liaison with other individuals, agencies, and organizations involved in health-care decisions

1) Associations
2) Health professions
3) Legislators
4) Health industries

6. ECONOMIC

a. Seek technical assistance in securing funding for operational costs of the organization's activities and programs

b. Provide technical assistance and consultation to individual members or groups of members for proposals, projects, and programs

For information, contact:
Naomi Ballard
School of Nursing
University of Oregon
3181 SW Sam Jackson Park Road
Portland, Oregon 97201
Phone: (503) 225-7790

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Selected Nursing Publications by WICHE

Credit by Examination in Nursing: Proceedings from a Western Regional Conference, 1972, Jo Elliott, Jon Bunnell, Carolyn Byerly, eds. $2.00.

Communicating Nursing Research, Volume 1: The Research Critique. Marjorie V. Batey, ed. $3.00.

Communicating Nursing Research, Volume 2: Problem Identification and the Research Design. Marjorie V. Batey, ed. $3.00.

Communicating Nursing Research, Volume 3: Methodological Issues in Research. Marjorie V. Batey, ed. $3.00.

Communicating Nursing Research, Volume 4: Is the Gap Being Bridged? Marjorie V. Batey, ed. $3.00.

Communicating Nursing Research, Volume 5: The Many Sources of Nursing Knowledge. Marjorie V. Batey, ed. $3.00.

Communicating Nursing Research, Volume 6: Collaboration and Competition. Marjorie V. Batey, ed. $3.00.

Communicating Nursing Research, Volume 7: Critical Issues in Access to Data. Marjorie V. Batey, ed. $5.00.

Five Years of Cooperation to Improve Curricula in Western Schools of Nursing, prepared by Juereta Smith, $5.00.

Development of Nurse Faculty for Improving and Expanding Continuing Education and Inservice Education Programs. WICHE. $4.00.

Request publications through:

Publications Unit
Western Interstate Commission for Higher Education
P.O. Drawer P
Boulder, Colorado 80302

WCHEN Minority Issues Steering Committee

Ms. Teresa Bello, University of California, San Francisco, *Chairman*
Ms. Hazel Kim, University of Hawaii, Honolulu
Ms. Laura Martinez, University of New Mexico, Albuquerque
Ms. Sophronia R. Williams, University of Colorado, Denver
Ms. Sara Withgott, Maricopa Technical College, Phoenix